

PROGRESS 2004

**A Report of
the Health Care
Personnel
Shortage
Task Force**



Health Care Personnel Shortage Task Force

A State Strategic Plan to Address Shortages of Health Care Personnel

In order to address increasing concerns about the shortages of health care personnel, the Workforce Training and Education Coordinating Board (Workforce Board) convened health workforce stakeholders in a work group in 2001 and the Health Care Personnel Shortage Task Force (Task Force) in 2002. The Task Force drew from local, state, and national experiences to develop a statewide plan for addressing severe shortages of health care personnel in Washington. Committees comprising a wider group of stakeholders made recommendations on educational capacity and recruitment and retention, and the Health Workforce Diversity Network, staffed by the Washington State Board of Health, provided recommendations to the Task Force on diversity issues. The January 2003 Task Force report, *Health Care Personnel Shortages: Crisis or Opportunity?* is the strategic plan for the Legislature, state and local agencies, educators, labor, employers, and workers.

Annual Progress Report

In 2003, the Legislature passed Engrossed Senate House Bill 1852 directing the Workforce Board to continue convening health workforce stakeholders to monitor progress on the state plan and report to the Legislature annually. Progress 2003 was submitted in December 2003, and Progress 2004 provides a brief update on the shortages, outlines activities to forward Task Force strategies, and reports on 16 outcome measures to track progress.

Task Force¹

Holly Moore, Task Force Chair, President, Shoreline Community College
Bill Gray, Task Force Vice Chair, Washington State University/Spokane
Lorelee Bauer, Group Health Cooperative
Dana Duzan, Allied Health Professionals
Ben Flores, Washington Association of Community and Migrant Health Centers
Joan Garner, Washington State Nurses Association
Earl Hale, Washington State Board for Community and Technical Colleges
Troy Hutson, Washington State Hospital Association
Kyra Kester, Washington State Office of Superintendent of Public Instruction
Frankie Manning, Washington State Board of Health
Brian McAlpin, Washington State Medical Association
Jeff Mero, Association of Washington Public Hospital Districts
Deb Murphy, Washington Association of Housing and Services for the Aging
Rick Ouhl, Washington State Dental Association
Ellen O'Brien Saunders, Washington State Workforce Training and Education Coordinating Board
Mary Selecky, Washington State Department of Health
Diane Sosne, Service Employees International Union
Jim Sulton, Washington State Higher Education Coordinating Board
Evelyn Torkelson, Washington Rural Health Association
Diane Zahn, United Food and Commercial Workers Union

December 2004

To the Governor and Members of the Legislature:

Acute health care personnel shortages continue in Washington despite significant and proliferating efforts to eliminate them. Reported health care job vacancies are still rising, numbering over 8,000 in May 2004. Hospitals across the state still report difficulty recruiting a wide variety of health care personnel. This is not surprising considering demographic changes, our aging and increasingly diverse population, and the increasing number of health care workers entering retirement.

In 2003, the Legislature passed Engrossed Substitute House Bill 1852 requiring the Workforce Board to continue convening health care stakeholders to monitor progress on the state plan for addressing health care personnel shortages published in *Health Care Personnel Shortages: Crisis or Opportunity?* and report to the Legislature by December 31 annually. The plan, developed by the Task Force outlines 6 goals, 40 strategies, and 16 outcome measures. Progress 2004 is the second annual report on the plan's implementation.

Since the plan was developed, health care employers, educational institutions, professional associations, labor, community-based organizations, and government have made significant progress. Despite a budget deficit, the Legislature appropriated funds to increase educational capacity for high-demand programs. Educational institutions have used these high-demand and other state, federal, and private funds to expand capacity in health care programs by an estimated 2,000 additional students in 2003-05. Health skill panels of employers, labor, and education and training providers have proven effective in developing solutions at the local level and continue implementing educational, recruitment, and retention initiatives.

The Governor and Legislature play a vital role by providing visibility to the issues, in addition to policy and funding support. We urge you to:

- Support budget requests and funding policies that expand health care education capacity and improve the ability of colleges and universities to compete with industry for qualified faculty.
- Fund the collection of information on the supply of health care practitioners to ensure resources for educational planning are targeted where they are most needed.
- Provide state appropriations for skill panels so they can continue convening local stakeholders who are implementing Task Force strategies.

In 2004, we are beginning to glimpse the rewards of our work. Through continuing efforts, we will meet our state's critical need for qualified health care personnel.

We thank you for your continuing support,



Holly More, Ed.D.
Task Force Chair
(President, Shoreline Community College)



William H. Gray, Ph.D.
Task Force Vice Chair
(Washington State University)

Table of Contents

Executive Summary	1
Shortages Update	4
2004 Progress Highlights	9
Legislative Support	9
Educational Capacity Expansion	9
Recruitment and Retention	12
Health Skill Panels and Local Areas	13
Task Force Committee Reports	16
Nursing and Allied Health Faculty	16
Common Core Curricula in Allied Health	21
Next Steps for Health Workforce Partners	31
Endnotes	33
Appendix A: Progress by Strategy	A-1
Appendix B: Outcome Measures	B-1
Appendix C: Progress by Local Area	C-1
Appendix D: Task Force Committee Membership	D-1
Glossary	i

Executive Summary

Since the Health Care Personnel Shortage Task Force (Task Force) submitted its action plan, *Health Care Personnel Shortages: Crisis or Opportunity?* to the Legislature in January 2003, significant progress has been made to reduce shortages of health care personnel in Washington. At least 2,000 additional students have entered health care education programs, and ongoing capacity in health care education has expanded by 559 full-time equivalent (FTE) students.

Despite these advances, employers reported over 8,000 job vacancies for health care practitioners and support personnel in 2004. In addition, the health care needs of Washington's aging population will continue to increase demand for health care personnel through 2020. The Task Force urges the Legislature, secondary and postsecondary educational institutions, local and state health and workforce development organizations, and other partners to recognize that intensive work is still needed over the next several years to catch up with the increasing demand for health care personnel.

During 2004, state and local partners have continued to implement Task Force strategies such as:

- Educational capacity in health care education programs expanded by about 2,000 students during 2003-05, and 559 FTE student slots will be ongoing. About \$10.5 million of the \$27.2 million high-demand funding appropriated by the Legislature, and another \$2.9 million in state appropriated funds was directed toward expanding capacity in health care programs. This is a total of nearly \$13.5 million in state appropriations to expand health care education.
- A \$3 million federal incentive award was directed to expanding capacity in health care programs, and providing K-12 health career exploration and work-based learning. These were instigated by health skill panels

(partnerships of employers, labor, and education and training providers convened by Workforce Development Councils [WDCs]) in conjunction with community and technical colleges.

- Twelve health skill panels covering all areas of the state have initiated expansion of educational capacity, clinical site coordination, incumbent worker training, local financial aid, connections with WorkSource employment services, transitions for military personnel, among numerous other activities (see Appendix C).
- Following the direction of House Bill 2382, the Higher Education Coordinating Board (HECB), the State Board for Community and Technical Colleges (SBCTC), and the Council of Presidents convened nursing program deans and faculty to develop a statewide direct transfer agreement for nursing and health sciences. This group aims to develop a clear pathway to ensure students do not have to repeat credits and are ready to enter their upper division health care major in nursing or other allied health occupations.
- The Center of Excellence in Allied Health located at Yakima Valley Community College (YVCC) developed and implemented a common core curricula program for medical assisting, medical billing and coding, surgical technology, pharmacy technology, and medical interpreter. The curricula, offered via the Internet, serves as a model for core curriculum development across the state.

2005 Priorities

The Task Force recommends the Legislature take immediate action to expand educational capacity in health care programs, recruit and retain health care faculty, and collect data on the supply of health care workers in order to plan for future educational needs. Educational institutions and industry partners should

expand health care programs, support K-12 recruitment, improve articulation and transitions between three tiers of education, and expand use of core curricula.

Expand capacity in health care programs.

Expansion of educational capacity in health care programs continues to be the number one priority of the Task Force. Legislative appropriations for the 2003-05 biennium provided much needed funds to expand capacity in health care programs, but these programs are still unable to meet student and employer demand.

- The Legislature should provide funds to expand educational capacity in high-demand health care education and training programs. The funding policy should incentivize educational institutions to provide health care programs, allowing for the higher costs of these programs.
- Educational institutions and industry partners should continue to expand capacity in health care education programs and seek federal and private resources to support this.

Increase the availability and diversity of faculty in health care education programs. One of the main obstacles to increasing educational capacity in health care programs is the difficulty of recruiting and retaining qualified faculty. During 2004, the Task Force convened two committees on nursing and allied health faculty covering recruitment, retention, and diversity issues.²

- The Legislature should support budget requests that enable colleges and universities to provide health care faculty salaries that are competitive with industry. Both SBCTC and the four-year schools have requested across the board faculty salary increases. SBCTC has submitted a budget request for \$33.3 million to enable colleges to increase compensation for faculty who

are teaching in high-demand programs, and the Task Force support pertains to health care program faculty and staff.

- As salary increase dollars become available, leaders in four-year educational institutions should increase compensation for faculty in high-demand health care programs in order to compete with industry salaries.
- Educational institutions should replicate successful methods for recruiting and retaining faculty, including programs to increase the diversity of faculty.

Collect data on health workforce supply.

Developing an accurate picture of the health workforce is critical to guide the most cost-effective workforce planning and to eliminate health care personnel shortages. Current state data are adequate to indicate broad areas of shortages. More specific information, however, is essential for educational planning so that the state can increase capacity where needed and in order to carry out the Task Force's legislative charge to track progress. It is also critical for forecasting future shortages or surpluses in the health workforce, identifying medically underserved areas, tracking diversity, and assisting with emergency preparedness.

- To initiate and maintain data that will enable the targeting of educational resources to meet health workforce needs, the Task Force requests a state appropriation of \$206,745 (Year 1: Start Up) and \$265,484 (Year 2: Implementation) and ongoing funds of approximately \$175,000 per year.

Provide health career exploration and adequately prepare youth for postsecondary health care programs. The most effective strategy for ensuring youth are exposed to health careers and have the opportunity to prepare adequately is to provide intensive

work-based learning and career exposure combined with academic preparation during middle and high school or even earlier.

- More Washington school districts with high schools should develop health care programs as part of their Health and Human Services Pathway. About half of Washington's high schools currently offer health programs as part of their Health and Human Services Pathway.
- Skill panel employers and other partners should continue to provide work-based learning in health care settings.
- Following the 2004 Task Force website committee recommendations, a community college should establish a health careers website aimed at youth to enable health careers exploration and provide information on educational programs and financial aid opportunities. With support from the Workforce Training and Education Coordinating Board (Workforce Board), YVCC's Center of Excellence will establish a statewide website in 2005.

Increase efficiency and effectiveness in health care education and training programs. One strategy for increasing efficiency is to develop and implement common core curricula. YVCC's Center of Excellence in Allied Health has established the Allied Health Core Curriculum.

- The 2004 Task Force core curricula committee examined Yakima's core curriculum and models in other states. The committee recommended that educational institutions work together to expand core curricula use in Washington.

Enable local areas to address their priority shortages. Health skill panels across the 12 workforce development areas have catalyzed many successful initiatives to recruit, educate, and retain health care personnel for employers

in their areas. They have initiated recruitment and preparation of youth, expansion of educational capacity, clinical site coordination, incumbent worker training, local financial aid, connections with WorkSource employment services, transitions for military personnel, and a variety of other essential activities.

- Federal workforce funds have provided support to these panels with matches from local industry and WDCs. A state appropriation to support skill panels would enhance their ability to implement effective solutions to local health workforce needs.

Conclusion

It is necessary for the Governor, the Legislature, and all health and workforce organizations to maintain and expand efforts to address health care personnel shortages. The health care industry is vital to our economy. Washington hospitals alone contribute \$17.5 billion to the state each year when direct spending and indirect impacts are combined.³ The industry employs more than 207,000 Washingtonians. It is one sector where demand for jobs is not subject to fluctuations in the economy or outsourcing to other countries except in a few particular occupations. With consistent collaborative work, it will be possible to reduce shortages. This will be critical for ensuring Washington's residents receive the health care services they need.

What You Will Find in This Progress Report

This progress report provides a brief update on health care personnel shortages, outlines progress during 2004, and explores issues of faculty availability and diversity and core curricula. Appendix A reports progress for each strategy, Appendix B reports outcome measures, Appendix C provides a summary of progress in each workforce development area, Appendix D lists committee members, and finally the Glossary which defines terms and acronyms.

Shortages Update

Even though the state has expanded educational capacity in health care programs since 2002, vacancy rates for health care practitioners and support personnel continue to increase, and employers in all areas of the state still report difficulty recruiting a wide variety of personnel. Three primary factors that contribute to the continued and increasing shortages are: there is a lag between the time students enter programs and the time they finish; educational capacity has not expanded sufficiently to meet current or future demand; and the portion of the state's population over the age of 65 is increasing.

Job Vacancies

According to the May 2004 Job Vacancy Survey, there were 8,206 vacancies in health care: 6,548 job vacancies for practitioners and technical personnel and 1,658 vacancies for

support personnel. This represents 17 percent of all reported job vacancies in the state and is an increase of 1,300 vacancies since May 2003. While these figures are high, the survey results underestimate the total number of vacancies because employers of four or fewer employees are not included in the survey. Significant numbers of dental hygienists, dental assistants, nurse practitioners, and pharmacists, among others, work in places of four or fewer employees. It should also be noted that these figures represent a snapshot in time, and employment growth rates are high for many health occupations⁴ (see Figure 1).

Hospitals Still Short of Staff

Hospitals still report difficulty recruiting personnel, though there has been some improvement over the previous two years.

FIGURE 1

Job Vacancies by Occupation ⁵

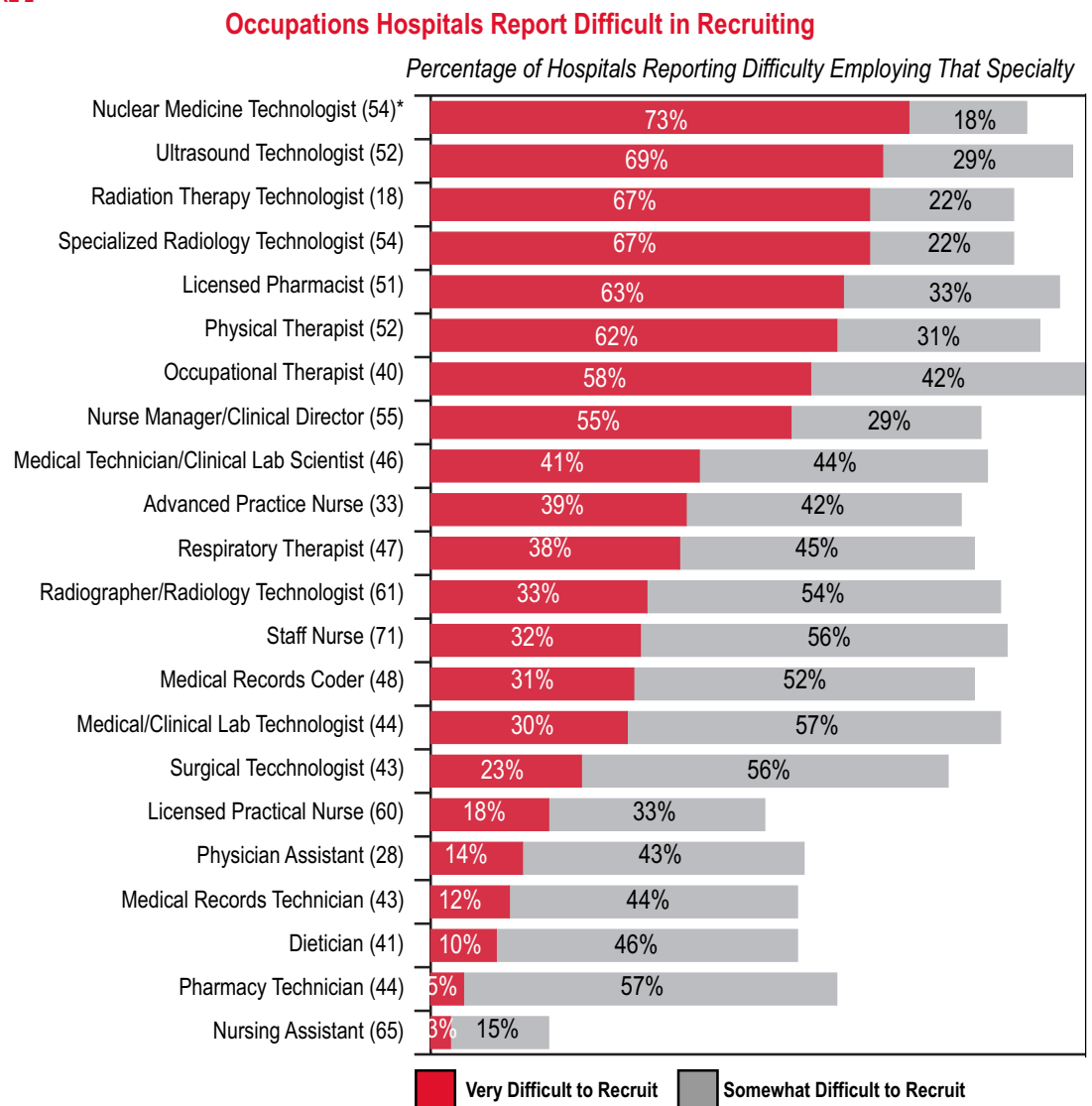
Occupation	May 2003	October 2003	May 2004
Staff Nurses - Registered Nurses (RNs)	2,511	2,963	3,318
Nursing Aides, Orderlies, and Assistants	980	1,145	950
Licensed Practical Nurses (LPNs)	711	780	518
Medical Assistants	256	222	192
Radiographer/Radiology Technologist	203	221	240
Physical Therapists	203	238	287
Home Health Aides	138	83	128
Medical Records Health Information	120	108	111
Speech/Language Pathologists	120	85	122
Medical Technologists/Clinical Lab Scientists (MT/CLS)	113	98	116
Occupational Therapists	105	123	156
Surgical Technologists	96	97	107
Health Care Support Workers, All Categories	89	144	163
Medical Transcriptionists	79	24	44
Medical/Clinical Lab Technologists (M/CLT)	70	74	119
Diagnostic Medical Sonographers	60	35	64
Dieticians and Nutritionists	54	28	43
Medical Equipment Preparers	29	77	69
Physical Therapist Assistants	26	29	39
Radiation Therapists	26	26	31
Physical Therapist Aides	13	5	9

According to the 2003-04 survey of acute-care hospitals, conducted by the Washington State Hospital Association in partnership with the Center for Health Workforce Studies at the University of Washington (UW), hospitals in all workforce development areas of the state report that it is somewhat difficult or very difficult to recruit a wide range of occupations (see Figure 2). When hospitals are short of staff they often have to divert patients. In 2001-02, 55 percent of hospitals said they had to divert patients due to nurse shortages. In 2003-04, the

number of hospitals diverting patients due to nurse shortages fell to 38 percent. However, 54 percent of those hospitals were on divert status for more than 10 days.⁶

The use of contract employees is necessary when shortages are acute. Since 2002-03, fewer hospitals are using contract employees for some occupations such as radiology technologists, specialized radiology technologists, and surgical technologists, and more hospitals are using contract employees for other occupations

FIGURE 2



*Numbers in parenthesis are the number of hospitals recruiting this profession.

Source: Center for Health Workforce Studies, UW and Washington State Association report, *Washington State Hospitals: Results of 2003-04 Workforce Survey*, October 2004.

such as occupational therapists, licensed pharmacists, and physical therapists. About 80 percent of hospitals contract for RNs, and that number has remained constant for two years.⁷

Occupations That Hospitals Report the Hardest to Recruit

Hospitals report the most difficulty in recruiting nuclear medicine technologists, ultrasound technologists, radiation therapy technologists, specialized radiology technologists, licensed pharmacists, physical therapists, occupational therapists, and nurse managers/clinical directors. RNs were lower on the list than the previous two years with 32 percent of hospitals reporting RNs as very difficult to recruit and 56 percent reporting them as somewhat difficult to recruit. The Center for Health Workforce Studies' vacancy rate estimate for nurses in hospitals has fallen from 10.1 percent in 2002 to 6.2 percent in 2004. However, the number of vacancies for RNs in hospitals is still very high at 1,772.⁸

The 2003-04 survey of Washington's hospitals provides estimates of persons needed by occupation.⁹ These numbers, however,

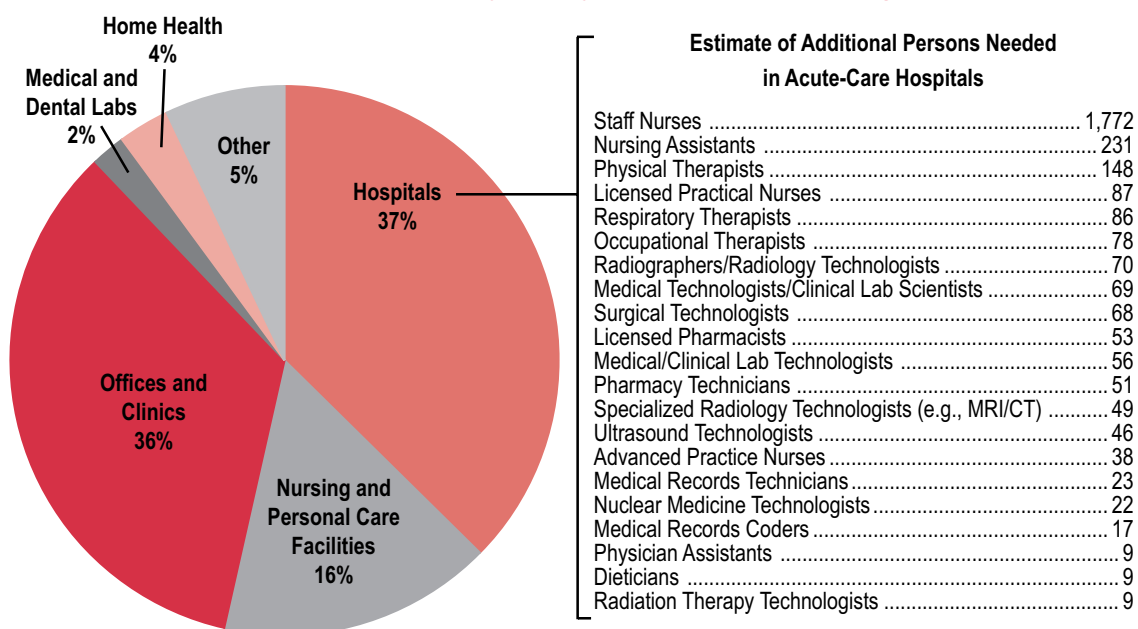
understate the total needed personnel because they reflect acute-care hospital personnel only. Hospitals employ 37 percent of the health workforce (see Figure 3). The estimates do not take into account health care personnel who are employed at offices and clinics (36 percent), nursing and personal care facilities (16 percent), medical and dental labs (2 percent), and home health (4 percent).

Shortages in Local Areas

Hospitals in each of the state's 12 workforce development areas are experiencing shortages of health care personnel, but the size of the shortage varies by occupation (see Figure 4). In 2003-04, a high percentage of hospitals in all areas reported difficulty in recruiting specialized radiology technologists, ultrasound technologists, and nuclear medical technologists. While less than 50 percent of hospitals in any one workforce development area reported difficulty recruiting nursing assistants, a large portion of nursing assistants are also employed in other settings, such as long-term care.

FIGURE 3

Health Services Employment by Place of Work in Washington



Source: The Bureau of Labor Statistics, 2001.

Source: Washington State Hospitals: Results of 2003-04 Workforce Studies, UW, August 2003.

FIGURE 4

Hospitals by Workforce Development Area Report Where Recruiting is Very Difficult

	Workforce Development Areas											
	1 Olympic	2 Pacific Mountain	3 Northwest	4 Snohomish	5 Seattle- King	6 Tacoma- Pierce	7 Southwest	8 North Central	9 Tri-County	10 Eastern Washington	11 Benton Franklin	12 Spokane
Staff Registered Nurses							* *					
Advanced Practice Nurses							* *					
Licensed Practical Nurses							* *					
Nursing Assistants							* *					
Medical Technicians/Clinical Lab Scientists							* *					
Medical/Clinical Lab Technologists							* *					
Radiographer/Radiology Technologists							* *					
Specialized Radiology Technologists							* *					
Ultrasound Technologists							* *					
Nuclear Medicine Technologists							* *					
Radiation Therapy Technologists			NA				* *		NA		NA	
Medical Records Technicians							* *					
Medical Records Coders							* *					
Licensed Pharmacists							* *					
Pharmacy Technicians			NA				* *					
Physician Assistants							* *					
Dieticians							* *					
Physical Therapists							* *					
Occupational Therapists							* *					
Respiratory Therapists							* *					
Surgical Technologists							* *					
Nurse Managers/Clinical Directors							* *					

(1) Clallam, Jefferson, Kitsap (2) Grays Harbor, Lewis, Mason, Pacific, Thurston (3) Island, San Juan, Skagit, Whatcom (7) Clark, Cowlitz, Skamania, Wahkiakum (8) Adams, Chelan, Douglas, Grant, Okanogan (9) Kittitas, Klickitat, Yakima (10) Asotin, Columbia, Ferry, Garfield, Lincoln, Pend Oreille, Stevens, Walla Walla, Whitman

KEY: Percent of Hospitals Reporting Very Difficult to Recruit

	100% of hospitals (that employ the occupation) reported recruitment as very difficult.
	50–99% of hospitals (that employ the occupation) reported recruitment as very difficult.
	< 50% of hospitals (that employ the occupation) reported recruitment as very difficult.
	NA because all reporting hospitals do not employ and/or have not recruited recently.

*Only one hospital reported in Southwest #7, so this information was skewed, and therefore omitted.

Source: The Center for Health Workforce Studies, UW State Hospital Association report, *Washington State Hospitals: Results of 2002 Workforce Survey*.

Long-Term Care

Approximately 16 percent of Washington's health workforce works in long-term care: nursing and personal care facilities. The American Health Care Association (AHCA) surveys for 2001 and 2002-03 reported declining vacancy rates over one year for most nursing staff in Washington's long-term care facilities. For example, vacancy rates for LPNs fell from 14.6 percent to 10.3 percent, and for certified nursing assistants (CNAs) from 11.1 percent to 6.8 percent. While there was some improvement in 2003, vacancy and turnover rates in Washington's long-term care facilities were still very high.¹⁰ The AHCA did not conduct a survey in 2004.

Pharmacists, dental health personnel, and physicians. The Job Vacancy Survey is likely to significantly underestimate job vacancies for pharmacists, dental assistants, and dental hygienists since many of these practitioners work for employers who employ less than five people.

Pharmacists. A 2003 survey of retail pharmacies in Washington found that 78 percent of rural pharmacies and 45 percent of urban pharmacies reported that it was very difficult to recruit pharmacists. The study estimated an 8.3 percent vacancy rate statewide for retail pharmacists.¹¹

Dental health personnel. A 2001 survey of dentists, conducted by the Center for Health Workforce Studies, found that most dentists have difficulty recruiting both dental assistants and hygienists, and this limits the amount they can expand their capacity to treat patients. The report estimates a 24.5 percent vacancy rate for dental hygienists in 2001, and found that over half of Washington's dentists plan to retire by 2013.¹²

Physicians. Washington is among the majority of states that have geographic areas of physician shortages.¹³ In 2003-04, hospitals reported that radiologists, anesthesiologists, and cardiologists as among the most difficult physician specialties to recruit.¹⁴ A variety of issues can impact the

supply of physicians and other health care personnel. These include Medicare and Medicaid reimbursement, private insurance reimbursement rates, malpractice insurance costs, and scope of practice issues. The Task Force acknowledges that these are important issues, but they are beyond the charge of the Task Force. The Task Force prioritized educational capacity and recruitment issues.

Demand/Supply Gap Analysis

Current available data are insufficient to conduct a comprehensive demand/supply gap analysis for all health care occupations, though this is possible for a few select occupations. The estimated gap between employers' need for prepared health care personnel, and the available labor pool can be calculated for a few occupations where sufficient data is available. Between 2002 and 2007, Washington will need:

- 1,980 more RNs each year than are currently entering the workforce.
- 140 more medical and clinical laboratory technologists each year than are currently entering the workforce.
- 130 more postsecondary health specialties teachers each year than are currently entering the workforce.
- 80 more occupational therapists each year than are currently entering the workforce.¹⁵

The Need to Collect Information on the Health Workforce Supply

The Workforce Board, in partnership with the Department of Health (DOH), contracted with researchers at Washington State University (WSU) to conduct an assessment of data on health care personnel. Based on the assessment, the Task Force, the Workforce Board, and DOH recommended that a survey be sent to all licensed health professionals in Washington each year to assess supply. This survey would enable the state to plan for, and avoid, future workforce shortages or surpluses. It would also enable more specific educational planning and target resources where they are most needed.¹⁶

2004 Progress Highlights

Legislative Support

In addition to providing funding to expand high-demand programs (see next section), the Legislature passed two bills and a resolution that supported the goals and strategies of the Task Force. The bills were to eliminate barriers to credentialing and to create a smoother transfer from two-year to four-year nursing programs. The resolution creates a joint select committee to address health disparities among diverse populations, including the diversity of the health workforce.

Engrossed Substitute House Bill (ESHB) 6554, *Eliminating Barriers to Credentialing*, sponsored by Senator Rosa Franklin, makes changes to the licensing requirements for acupuncturists, dental hygienists, dispensing opticians, nurses, and psychologists. For example, the bill provides that active LPNs that complete a nontraditional RN program can meet their supervised clinical experience requirement under the supervision of a RN preceptor.¹⁷ The bill also enables an applicant for a dental hygienist license to obtain a temporary license that is valid for 18 months and renewable after passing the exam for specialties required in Washington. This enables dental hygienists from other states to work in Washington.¹⁸

Substitute HB 2382, *Higher Education Articulation and Transfer*, sponsored by Representative Phyllis Gutierrez Kenney, requires HECB bring two- and four-year institutions together to develop transfer associate degrees in specific majors, including nursing. HECB must also develop a statewide system of course equivalency among all public institutions and conduct a gap analysis of supply and demand for upper division capacity for transfer students. Public four-year institutions must treat students from community colleges the same as students from four-year institutions in their policies regarding transfer of lower division credits. A work group of faculty members and deans from two- and four-year nursing programs, with staff support

from HECB, SBCTC, and the Council of Presidents, has made considerable progress toward developing a statewide transfer degree in pre-nursing science and pre-health science.

Senate Concurrent Resolution 8419, *Creating a Joint Select Committee on Health Disparities*, sponsored by Senator Rosa Franklin, creates a joint select committee on health disparities to identify opportunities for improving health care and to address health disparities in communities of color. The committee comprises four members of each chamber of the Legislature from committees with jurisdiction over health care and education issues. It is charged with making recommendations to the Legislature by November 2005 on ways to increase people of color in the health workforce; ways to enumerate the racial and ethnic composition of the health workforce; and other health-related issues.

Educational Capacity Expansion

Health care education and training programs have received approximately \$13.5 million in state appropriated funds to expand capacity in health care education and training during the 2003-05 biennium. Of the high-demand funds appropriated by the Legislature in the 2003-05 biennial budget and 2004 supplemental budget, approximately \$10.5 million was directed to expanding capacity in health care education and training in public postsecondary institutions. In addition, \$2.9 million of discretionary state funds was directed to expanding these programs. These funds will expand capacity by about 2,000 FTE students beginning study during the 2003-05 biennium. The funding includes HECB high-demand funds, SBCTC high-demand funds, SBCTC high-demand funds earmarked for the Worker Retraining program, and SBCTC workforce development funds.

HECB directed \$3.8 million in high-demand funds to expand capacity at four-year colleges and universities in health care programs, dental hygiene, nursing, pharmacy, physical therapy, prescience/pre-health science, and

safety management (see Figure 5). These funds expanded capacity by approximately 245 student FTEs. The enrollments will become part of the four-year institutions' base for future funding.

SBCTC directed \$1 million in the 2003-05 biennial high-demand allocations to expand health care education and training programs at community and technical colleges. Following 2004 supplemental budget appropriations,

FIGURE 5

HECB High-Demand Funds for 2003-05 to Expand Health Care Education and Training

Four-Year College University	Health Care Program	Additional FTEs Per Year	Funds 2003-05
Central Washington University	Safety & Health Management	12	\$167,984
Eastern Washington University (EWU)	Doctorate of Physical Therapy	8	\$96,000
EWU	Bachelor of Science in Dental Hygiene	6.5 in 2004 (14 in future years)	\$101,873
UW	Bachelor of Science in Nursing (BSN)	32	\$455,661
UW (added in 2004)	Doctor of Pharmacy	10	\$113,165
WSU	Pharmacy	46	\$928,986
WSU (additional added in 2004)	BSN	65 + 28 = 93	\$1,652,004
WSU (added in 2004)	Pre-Science/Pre-Health Science	30	\$268,130
		245	\$3,783,803

FIGURE 6

SBCTC High-Demand Allocations for 2003-05

Community and Technical Colleges	Health Care Program	Additional FTEs Per Year	Funds 2003-05**
High-Demand			
Bates*	Increasing Capacity and Student Diversity for LPN	14	\$139,300
Bellevue*	Medical Infomatics	14	\$139,300
Bellingham/Skagit/Whatcom	NW Regional Nursing Family Expansion	30	\$358,200
Clover Park/Pierce-Puyallup	Puget Sound Health Education Collaboration	20	\$228,850
Big Bend*	Opportunities in Rural Health Care	8	\$79,600
Centralia*	RN Start-up/LPN Expansion	16	\$159,200
Clark*	Increasing the Number of RN Graduates	25	\$248,750
Columbia Basin*	Increasing Nursing Enrollments	14	\$139,300
Everett	Continuing RN Program Expansion	15	\$179,100
Grays Harbor*	Nursing Program Expansion	14	\$99,500
Lower Columbia*	LPN to RN Bridge Program (Distance Education)	15	\$149,250
Olympic*	LPN to RN Advanced Placement Option	18	\$179,100
Pierce-Ft Steilacoom	Flexible Delivery Methods for Dental Hygiene Expansion	10	\$99,500
Peninsula*	Nursing Program Expansion	10	\$99,500
Renton*	Options in Nursing Education for All	23	\$228,850
Seattle District*	Health Care Institute	32	\$318,400
Spokane*	Health Care	14	\$139,300
Tacoma	Increased Capacity in the Associate Degree Nursing (ADN) Program	10	\$99,500
		314	\$3,124,300

*Colleges received workforce development funds for these programs in 2003 and the funds were converted to high-demand following the 2004 supplemental budget appropriations.

**The amounts in this column will become part of the colleges' future allocations.

SBCTC directed an additional \$2.1 million in high-demand funding to expand these programs. These funds are expanding capacity by approximately 314 student FTEs and will become part of the two-year colleges' base for future funding. In 2003-05, SBCTC also directed \$3.6 million in Worker Retraining funds that expanded the number of students entering health programs. It is estimated that 890 additional students entered health care programs as a result of increased Worker Retraining funds.

In fiscal year 2004, SBCTC allocated \$1.85 million from discretionary funding to expand health care programs. Most of these moved into the high-demand category in fiscal year 2005. In fiscal year 2005, SBCTC allocated \$1.1 million to expand capacity in health care programs (see Figure 7). This includes \$100,000 for YVCC to develop a Center of Excellence in Allied Health,¹⁹ and \$277,952 for Integrated Basic Education and Skills Training (see Figure 8).

FIGURE 7

SBCTC Discretionary Allocations for 2005

Community and Technical College	Health Care Program	Estimated FTEs	FY 05
<i>Workforce Development/Rural</i>			
Bellingham	Medical Office Assistant Expansion	9	\$100,000
Community Colleges of Spokane	LPN Expansion to Rural Areas	24	\$100,000
Columbia Basin	Increasing Nursing Enrollments	15	\$100,000
Highline	Access to Nursing	15	\$100,000
Peninsula	Medical Assistant Program Expansion	20	\$100,000
Skagit	NW Alliance RN Expansion	35	\$100,000
South Puget Sound	ADN Program Expansion	10	\$129,221
Wenatchee	North Central Rural Nursing Expansion	64	\$96,694
Yakima	Center of Excellence in Allied Health (FY 04)		\$100,000
		177	\$ 825,915

FIGURE 8

SBCTC Discretionary Allocations for 2005

Community and Technical College	Health Care Program	Estimated FTEs	FY 05
<i>Integrated Basic Education and Skills Training</i>			
Bellevue	Nursing Assistant Certified for English as a Second Language (ESL)	21	\$75,000
Olympic	ESL/Nursing Assistant Program	20	\$53,018
Renton	Educational Success Ladder in Allied Health	30	\$75,000
Skagit	Health Career Ladder	36	\$74,934
		107	\$277,952

In all, approximately \$13.5 million in state 2003-05 funds was directed toward expanding health care capacity at two- and four-year institutions and will increase student enrollments by an estimated 2,000 student FTEs. Of these, 559 student FTEs will become part of the base enrollments for health care program funding in the future.

Recruitment and Retention

Diversity of the Health Workforce

The most recent data available indicate there is an under-representation of racial and ethnic minorities in Washington's health workforce. In 2000, people of color (African-Americans, Asians/Pacific Islanders, and Hispanics) represented about 21 percent of the state population, up from 13 percent in 1990. The growth in population from racial and ethnic minorities will contribute more than 25 percent of the state's net labor growth between 2001 and 2026.²⁰ However, representation in the health workforce among racial and ethnic minorities is not keeping pace. A 2001 Washington State Board of Health report highlighted the importance of increasing diversity in the health workforce to improve outcomes of diverse populations.²¹ In 2004, the state Senate passed a resolution to examine these issues.

The state needs to draw from all available labor pools to expand the workforce and must ensure diverse populations are prepared for and succeed in health care education programs. Tracking this progress will not be possible unless the state can collect further supply data on the composition of the health workforce (see 2005 Priorities, page 2).

The Health Workforce Diversity Network (HWDN), initiated by the Washington State Board of Health, provided recommendations on increasing diversity to the Task Force in 2002, and these were included in the state plan. HWDN continues to meet to share information among state and local health and education partners on best practices for increasing

diversity and to develop further strategies that could be implemented statewide. HWDN has issued a survey to educational programs to assess specific efforts for increasing diversity. The results will enable it to develop best practice recommendations. Moreover, educational institutions and related programs will be able to use this information to initiate their own programs for promoting and preparing youth and adults from diverse populations for careers in health.

Efforts are underway to recruit and prepare more Hispanic and Native American nurses. The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) awarded WSU Intercollegiate College of Nursing a \$739,360 grant to increase the number of Native American and Hispanic nurses in the Yakima valley. The two-year grant, called Assist Latino Community to Attain Nursing Career Employment (ALCANCE II): Reaching the Reservation, follows a \$474,000 grant, known as ALCANCE I, which the college received in 2001.²²

Nursing Retention

In 2002, the U.S. Department of Health and Human Services, HRSA, awarded \$1 million to the Washington Health Foundation, in collaboration with the Washington Nursing Leadership Council and the Washington State Hospital Association, to implement the Comprehensive Nursing Retention Demonstration Project. The aim was to improve retention rates of RNs working in hospitals and long-term care facilities. The project included a survey of 35 hospitals and more than 10,000 RNs; funded 7 demonstration projects and a symposium for nurses and nurse leadership that included project presentations. The retention demonstration projects examined methods for nursing mentorships, specialized training in rural settings, methods for recruiting and retaining nurses from diverse populations, among other strategies.²³

One program has received federal support to increase retention of newly hired nurses in rural areas and improve specialty knowledge and skills. WSU's Intercollegiate College of Nursing received another grant from U.S. Department of Health and Human Services, HRSA of \$695,933 to implement a rural nurse internship program for newly hired acute-care hospital nurses. The three-year program will prepare rural RNs with specialist knowledge. The first of its kind in the country, the program is expected to enroll 120 nurses and 105 hospitals within three years.²⁴

Math Transition Project

Strategy 2.3.2 of the Task Force plan calls for improving student achievement in math and science to ensure they are prepared for postsecondary studies in health programs. The Math Transition Project, launched in 2004, is preparing students for college-level math. This collaborative project involves math educators from K-12 schools, community and technical colleges, and public baccalaureate institutions, along with support from SBCTC, Office of Superintendent of Public Instruction (OSPI), HECB, the Council of Presidents, community-based stakeholders, and business leaders. The project is identifying the math skills and knowledge high school graduates need to be prepared for success in entry-level college mathematics and quantitative reasoning courses. The project aims to reduce the likelihood of remediation in college.

Statewide Recruitment Website

A subcommittee of the Task Force met during summer 2004 to consider options for establishing a health careers website. The committee included representatives from health skill panels, the Task Force, and postsecondary institutions (see Appendix D). This committee continued work that had been started at statewide health skill panel meetings facilitated by the Area Health Education Centers (AHECs) during 2003 and early 2004. The committee considered a variety of health careers sites that have already been established. While recruiting

both adults and youth is important, the committee decided to focus on youth as a starting point.

Important elements of a health careers website for youth are current in-depth information on specific health care occupations, health science programs offered in Washington, interactive components to keep youth interested, current events calendars, financial aid information, best practices for recruiting diverse populations, and a section for teachers. The site should also contain links to local health skill panel websites and other relevant sites.

The committee chose a site developed by the Michigan Health Council as a model. It is likely that as a Center of Excellence in Allied Health, YVCC, will coordinate the development of the site. A major part of the initial work will be to develop information that is relevant to Washington health care careers and education options.

Health Skill Panels and Local Areas

Health skill panels are convened by WDCs. They cover all areas of the state and include education providers, health care employers, and labor representatives. In addition to advancing efforts to increase educational capacity in local areas, all 12 health skill panels have implemented recruitment and retention strategies.²⁵ These include financial aid programs for new and incumbent workers; summer camps and work-based learning in health care for youth; programs to connect employment service staff, health care employers, and potential personnel; marketing campaigns to raise awareness of opportunities in health care and improve the image of health professions; specialized training and mentorships; and transitions for military personnel into the civilian health care workforce; and many other initiatives.

In 2004, all of Washington's 12 WDCs directed 503 incentive funds to address health workforce shortages in their local areas,

supporting a variety of education and recruitment and retention programs. These funds were directed toward educational capacity and financial aid, and most health skill panels used the funds to implement health career exploration and work-based learning opportunities for K-12 youth.

Following are several examples of initiatives developed by health skill panels and their members. These examples represent a tiny fraction of the proliferating projects to address health workforce shortages.

- Health career exploration and preparation for youth. One example of a K-12 career exploration and preparation initiative was developed by the Northwest Alliance for Health Care Skills (Alliance) and the Northwest WDC. This program received a 2004 Governor's Best Practice Award in Workforce Development for working with area health care providers, school districts, and colleges to recruit youth into health care occupations. In 2003 and 2004, a total of 200 middle and high school students participated in health care career camps and 58 low-income and at-risk youth participated in work-based learning internships. In addition, more than 620 middle and high school students received health career information during classes or at health care career fairs. Using input from WorkSource staff, the Alliance developed a web portal <www.healthcarework.info> for use at WorkSource centers that enables youth, education, and industry partners to access local health care career labor market information and educational opportunities.
- The Benton Franklin Community Health Alliance (Alliance) continues to concentrate efforts on recruiting youth and adults into the health care industry. In 2004, 150 high school students participated in the Math Engineering and Science Achievement program to increase math and science skills for minorities and females in middle school and high school. The Alliance used 503 incentive funding to support a summer camp for high school students that offered interactive learning experiences, job shadows, and facilitated career decision-making. Incentive funding also enabled Columbia Basin College (CBC) to purchase and install software that tracks students in K-12 and college programs, promotes enrollment in diverse health science offerings, and improves communications throughout the health care community (see Appendix C).
- Military transitions into the health workforce. The Pacific Mountain Health Skill Panel has been a key instigator of initiatives to recognize military training for the civilian health care workforce. Pacific Mountain staff worked with the Washington State Nursing Care Quality Assurance Commission (NCQAC), the Olympic Health Care Alliance, and military representatives to assess the equivalency between military health care education programs and state approved nursing programs. In 2004, the Navy and Air Force were invited to apply to Washington State to have the Navy Corpsman and Air Force Aerospace Medical Specialist schoolhouses recognized as approved schools of nursing. All indications are that they will submit applications to have the programs reviewed for equivalency with state approved nursing programs. NCQAC can then approve the military programs or work with the military schoolhouses to request changes that will enable Navy Corpsman or Air Force Aerospace Medical Specialists to apply for practical nurse licensure in Washington.
- Career advancement for health care personnel. Using 2003 Targeted Industry Partnership (TIP) funding from the Employment Security Department (ESD), the North Central WDC developed and implemented an incumbent worker training program, Employers, Employees and

Education (E3 Health Care). The program is enabling 200 lower-skilled and lower-income health care workers, many of whom live beyond commuting distance to college campuses, to receive education and training to move up a career ladder. Big Bend Community College (BBCC) and Wenatchee Valley College (WVC) are offering classes at the workplace and allied health prerequisites during an expanded lunch hour or on Fridays and weekends. Continuing education classes such as Workplace Relations have also been developed in response to calls for creating “environments of retention” in health care workplaces.

- The Seattle-King County Health Care Staffing Crisis Panel has recommended a variety of initiatives to improve recruitment and retention and expand educational capacity, including a significant incumbent worker training initiative, Career Pathways. The program places career specialists at six hospitals one-day a week to assist employees in identifying career paths, education and training opportunities, information on additional career advancement and retention services, as well as tuition subsidies. As of September 2004, the Career Pathways program had provided career assessment and counseling services to over 1,000 employees, and provided \$400,000 in tuition subsidies to over 230 incumbent workers.
- Connecting employers and frontline welfare and employment service staff. The Snohomish County WDC launched two initiatives to connect WorkSource employment services and WorkFirst welfare programs to health care industry employers. The Health Care Pipeline: A Smart Move to Collaboration provided information about health care careers to low-income, underemployed adults and dislocated workers. This partnership between the WDC, Providence Everett Medical Center (PEMC), WorkFirst and WorkSource staff also

provided case managers with an assessment tool and industry framework to evaluate clients and match them to specific industry needs. Over 70 participants were assessed, and over half applied for jobs at PEMC. HealthSource was a six-hour interactive event that strengthened communication among health care employers, WorkSource and WorkFirst staff, and educational institutions.

- Marketing health care careers and creating opportunities. As part of the Governor’s 2004 Best Practice Awards in Workforce Development, Tacoma Community College’s (TCC) initiative to recruit males into nursing received a Good Idea Award. In Washington, only 1 percent of nurses are men, significantly less than the national average of 6 percent. TCC was uniquely positioned to lead a male nurse recruitment project since they have significant male representation on their nursing faculty. The college, working in partnership with health care providers and local high school students, developed a calendar highlighting men in nursing and depicting them with rewarding careers and home lives. The calendar outlines the courses that are needed to complete the programs with contract information and has been distributed to Pierce County middle and high schools and technical college counselors for use in career counseling. The aim is to increase awareness among young men of the opportunities in health care, and provide male nurse role models so that more young men will be encouraged to apply to nursing programs (see Appendix C).

Note on Progress Reported

The initiatives outlined in the educational capacity, recruitment and retention, and health skill panel sections of this report do not represent a comprehensive list of all efforts to address health workforce shortages. These sections are intended to provide a general idea of state and local efforts.

Task Force Committee Reports

Nursing and Allied Health Faculty Committee

One of the major goals of the Task Force is to increase educational capacity in high-demand health care programs. The shortage of qualified faculty is a key limitation to expanding capacity. An equally pressing concern is the need to increase diversity among health care educational program faculty.

The Task Force requested increased action on faculty strategies in the plan (see Figure 9). In order to examine barriers to further progress, the Task Force established committees in 2004 for increasing the availability and diversity of nursing and allied health faculty. In addition to Task Force representatives, these committees included representatives of faculty and administration from two- and four-year public and private postsecondary institutions and business, labor, and government. Membership on the committees was voluntary (see Appendix D).

FIGURE 9
Task Force Faculty Strategies—Progress Reported in 2003 and 2004 for Objective 1.2
Increase the availability, diversity, and retention of health care faculty in high-demand health care programs that have difficulty recruiting faculty.

Strategy	Progress
1.2.1: Increase the flexibility of faculty salary schedules or allocations to provide health program faculty with compensation that is competitive with industry wages. <i>Responsible Entities: Legislature, SBCTC, HECB, four-year colleges and universities, labor, and employers</i>	SBCTC 2005 Legislative budget request for \$33 million to enable colleges to increase faculty salaries for high-demand programs in order to better compete with industry.
1.2.2: Provide additional financial support, such as scholarships and loan repayments, for student who intend to become health care faculty for high-demand health care program experiencing faculty shortage. <i>Responsible Entities: Legislature, SBCTC, HECB, DOH, four-year colleges and universities, private partners or foundations</i>	The Health Scholarship and Loan Repayment allocation increased from \$2 million to \$3 million per year. A portion of these were directed to nurse education students: nine nurse education students received financial aid in 2004.
1.2.3: Implement faculty-sharing arrangements among education providers, or among industry and education providers. <i>Responsible Entities: Health skill panels, working with employers, labor, and education institutions</i>	A variety of hospitals and schools have created shared faculty/staff arrangements.
1.2.4: Develop alternative pathways to gain teaching qualifications for nursing faculty and other health program faculty. <i>Responsible Entities: Professional boards and commissions, DOH, SBCTC, four-year colleges and universities</i>	NCQAC has been working with stakeholders to revise education rules to clarify the standards for those who teach, nursing program approvals, and supervision.
1.2.5: Provide financial incentives to employers of self-employed professional for providing faculty resources, e.g., tax incentives and increased reimbursement rates. <i>Responsible Entity: Legislature</i>	Due to state deficits, this strategy has not been pursued.

Background on Faculty Shortages and Diversity

Washington postsecondary health care programs and some secondary programs report difficulty recruiting faculty. In 2002, SBCTC conducted a survey of nursing and allied health programs to determine barriers to expanding capacity.²⁶ The majority of programs reported a shortage of faculty as a major barrier to expansion in addition to other factors such as the need for increased funding that compensates for the higher costs of these programs, clinical site availability, and equipment and classroom space. Nursing and other health workforce program faculty and deans attest that a shortage of available faculty is also evident at four-year public and private institutions.²⁷

Beyond state research, a number of national publications address the problem of faculty shortages. A 2003 paper by the American Association of Colleges of Nursing (AACN) outlines the nature of nursing faculty shortages, projected faculty retirements, the decline in the percent of younger faculty, and provides a comprehensive list of strategies for nursing schools.²⁸ The AACN paper is targeted at four-year schools of nursing, but most strategies can also apply to allied health programs and two-year nursing programs (see Attachment B).

A 2004 report by the Institute of Medicine (IOM) highlights the need to increase diversity in the health workforce and recommendations include the need to increase the diversity of faculty in health care programs.²⁹ In response to IOM 2002 recommendations, the Sullivan Commission on Diversity in the Health Care Workforce was established to “make policy recommendations to bring about systemic change that will address the scarcity of minorities in our health professions.” According to the 2004 Sullivan Commission report, there is sparse racial and ethnic diversity in the faculties of the nation’s health care programs.³⁰

Shortages of faculty mean that schools are not able to expand educational capacity to meet industry needs. In addition, some schools have had to delay the start of programs. This leads to frustration and time lost for students, and financial loss to the school. Shortages of faculty create more work for the rest of the faculty and administrative staff who may have to extend their hours. In some cases, program quality may be compromised.

Issues for Nursing and Allied Health Faculty Faculty Compensation

One of the most difficult challenges schools face when recruiting faculty is that salaries are below those offered in clinical practice for most high-demand programs. For example, according to the AACN, the median national salary for a clinical nurse specialist is \$61,351, and at the higher level of clinical practice, the median salary for a chief nurse anesthetist is \$128,879. In comparison, associate and assistant professors with doctoral degrees earn median salaries of \$61,000 and \$53,355 respectively and median salaries for faculty with master’s degrees range from \$49,546 to \$45,214.³¹ In addition, nursing faculty hiring, unlike most hospital nurse hiring, is undertaken in the national marketplace. Program faculty and administrators believe the salary factor also contributes to faculty attrition. In order to attract and retain faculty members, schools need to offer competitive salaries.

Two-year community and technical colleges face different challenges than four-year schools as they have salary schedules for all disciplines. At four-year schools, salary levels are created at the discretion of the school. Some community and technical colleges have bargaining agreements that allow them to hire teachers at a higher salary step if they are teaching in a high-demand field. Increasing faculty salaries, particularly for high-demand programs, would improve the ability of these programs to compete with other employers.

Diversity

The need for increasing diversity among nursing and allied health faculty is a part of the overall need for increasing diversity among the health professions. Faculty diversity should be seen as one piece of an overall effort to improve institutional climate so schools are in a strong position to attract, retain, and graduate higher levels of students of color. Diverse faculty members serve as role models, provide support and mentorship to underrepresented students, and have positive impacts on curriculum and teaching methods.³² In addition, diverse faculty “brings new kinds of scholarship to an institution, educates students on issues of growing importance to society, and offers links to communities not often connected to our campuses.”³³ When nursing and allied health schools in Washington are successful in diversification efforts, these schools and graduates will be in a position to lead efforts to address the health needs of the rapidly growing diverse populations of our state.

Nursing and allied health schools should strive to incorporate faculty of color into the institution. This means that faculty of color should have an important role in decision making and formulating policies that address the needs of diverse university constituents. The institution’s commitment to diversity also should exist at all levels, from programs, to departments, to administration. In this context, incorporation is a mechanism for change and also for giving voice to previously excluded members of the academy.³⁴

Issues Specific to Nursing Faculty Requirements to Maintain Licensure

Many nursing schools hire faculty who are qualified as Advanced Registered Nurse Practitioners (ARNPs). One of the difficulties such candidates face when they enter teaching is the variety of tasks they need to complete in addition to fulfilling the requirements to maintain their licensure. Faculty commitments include conducting research and publishing

articles, in addition to classroom teaching and associated administrative duties. In response, the NCQAC has begun examining whether time spent in clinical supervision could count toward licensure requirements for ARNPs.

Nurse Educator Programs

A significant number of candidates who enter nurse education have already worked as nurses and many have also worked as nurse educators operating under a waiver approved by NCQAC. Masters of Science in Nursing programs could recognize prior experience of students and clinical supervision time, and this could be counted as credit toward their degree.

Innovations in Recruitment and Retention

A number of schools in Washington have implemented innovative initiatives to improve faculty recruitment and retention. Other schools could consider implementing similar initiatives. A few examples are faculty-sharing arrangements and faculty recruitment and retention programs.

Faculty-Sharing Arrangements

A number of schools across the state have developed faculty-sharing arrangements to overcome recruitment difficulty. These innovative arrangements occur between two schools or between a school and a hospital or other workplace. One successful example is the partnership between Clover Park Technical College and Pierce College/Puyallup. The practical nurse program at Clover Park is combined with the new ADN program at Pierce College to assist with educational transitions and career progression. The integration of these two programs provides an ideal structure for sharing faculty between institutions, and allows for an efficient allocation of resources.

Other arrangements involve contracts between institutions where one institution buys faculty time from another institution (e.g., WSU and Gonzaga). Arrangements with hospitals often enable faculty to work part-time at the hospital

and part-time at the school with benefits provided by the hospital. Other arrangements have the hospital providing the salary and the college providing benefits (e.g., BBCC).

Challenges in establishing faculty-sharing arrangements include the potential for discord among faculty if some faculty members are paid higher salaries or receive better benefits than others. Different expectations and work practices at institutions must be recognized in advance, and labor union representatives should be included in such discussions to ensure adherence to established workplace bargaining agreements. In addition, faculty members who are eligible for tenure need to be assured that this prospect remains secure.

Faculty Recruitment and Retention Programs

Many people considering a career in health care may not have considered the option of becoming a health care educator. Outreach and marketing campaigns are necessary to enable students to explore these options. Students who are studying in health care fields should be exposed to options for entering the education field, and schools should also reach out to professionals who are working in the fields. The nursing school at Clark College in Southwest Washington initiated a program that compensates RNs to observe classes and experience the world of teaching.

Clark College has also developed a structured mentorship program that has led to increased retention of new faculty. Often new teachers have difficulty adapting to a new work environment and the demands of the classroom; such teachers may be entering the education field directly from the workplace or straight after completing an educator program. Other schools have also created programs to assist new faculty: WSU has a faculty grow-your-own project, and the UW has a faculty mentoring and shadowing program to facilitate transitions.

Conclusion and Committee Recommendations

The nursing and allied health committees examined research literature, strategies recommended by the AACN, and suggested strategies specific to Washington to increase the availability and diversity of health care program faculty. These recommendations focus on three areas: nursing, allied health, and diversity. Most of the recommendations are directed at program administrators and faculty, but some are also relevant to school leadership and the Legislature (see Figures 10 and 11).

Committee members recognized the value of meeting with other faculty and industry representatives to learn from the experience of others and collaborate on initiatives. Nursing faculty committee members would like to continue meeting to promote further action and suggested that the Washington Nursing Center might be an appropriate facilitator. The committee should also include wider representation from education institutions, employers, professional associations, labor organizations, and related state and local government. Allied health faculty would also like to continue convening with wider school representation and recommend that one of the colleges coordinate communication for this purpose, such as hosting a listserv (see recommendations 10 and 11).

Task Force Endorses Faculty Committee's Recommendations

The Task Force endorsed the faculty committee's recommendations. A priority for the Task Force is to increase faculty salaries to better compete with industry salaries. In 2004, the Task Force agreed to add this to their 2005 priority list. The Task Force supports budget requests that lead to increased salaries for health care faculty. SBCTC has submitted a 2005-07 biennial budget request of \$33.3 million to assist colleges to improve faculty wages for programs in high-demand fields.

FIGURE 10

Committee Recommendations for Increasing Faculty Availability³⁵

1. *Increase faculty salaries.* The Legislature and four-year school leadership should consider raising faculty salaries for nursing and other high-demand health care faculty to enable schools to compete with industry recruitment. Consider support of SBCTC's budget requests to increase faculty and staff salaries to improve recruitment and retention of highly qualified individuals in competitive fields.
2. *Address educational capacity issues.* Lack of educational capacity exacerbates problems in recruiting qualified faculty. For example, due to workforce shortages, it is difficult to recruit clinical preceptors not only in nursing but also in other health care fields. Increased funding for programs is needed to account for the higher costs of providing health care education.
3. *Provide incentives to encourage innovative solutions.* Faculty-sharing arrangements and collaborations to develop common core curricula are innovative solutions to faculty recruitment problems. These types of solutions could be encouraged with grants to initiate such programs.
4. *Engage retired faculty.* Schools should consider methods to enable and entice retired faculty to continue working. Retired faculty could take responsibility for new faculty mentoring, clinical groups, and fundraising. Changes to retirement plans should be considered to allow for phased retirement and part-time work.
5. *Raise funds to plan for faculty retirements.* With faculty retirements imminent, four-year schools need to plan in advance to gather funds that can support recruitment of faculty. One school in another state has started a transition fund to assist with recruitment of new faculty in the future.
6. *Start recruitment of faculty early in health education programs.* Identify students who are interested in teaching while they are in the health care educational system, specifically during the final stages and/or clinical aspect of their education.
7. *Establish mentorship programs to increase retention of new faculty.* Those educators who come from industry, or straight from an educator program, often have difficulty when they begin teaching. Structured support from mentors in the early stages can assist new faculty as they adapt to a new work environment.
8. *Make part-time faculty positions more appealing.* Lessening non-teaching responsibilities and providing more job security are possible solutions.
9. *Use industry partnerships as a recruiting tool.* Health administrators should actively pursue opportunities to develop relationships with industry stakeholders. One example is the UW preceptor contract that promotes and recruits more industry preceptors.
10. *Specific to Nursing.* Continue a forum to accelerate action on nursing faculty availability and diversity issues. The Washington Nursing Center might be an appropriate facilitator to convene representatives from the current committee. The committee should also include wider representation from education institutions, employers, professional associations, labor organizations, and related state and local government.
11. *Specific to Allied Health.* Continue a forum to accelerate action on allied health faculty availability and diversity issues. Allied health faculty, administrators, school leadership, and related industry and government representatives should continue meeting to promote further action. A listserv coordinated by one of the schools or colleges should be established for this purpose.

FIGURE 11

Committee Recommendations for Increasing Faculty Diversity

In order to successfully recruit and retain diverse faculty, nursing and allied health schools should:³⁶

1. Carefully examine their mission statement and assess how faculty diversity assists the institution to meet their goals.
2. Use active search processes that go beyond simply posting positions and recruiting through networks familiar to existing faculty. Active searches require developing personal connections with individuals who have expertise in needed areas of scholarship and demonstrating flexibility regarding candidates' specialties.
3. Search committees should be diverse, to help in assessing and evaluating candidates of different backgrounds, and should have a close working relationship with the university administration to ensure the success of the search process.
4. Identifying faculty candidates of color should not be limited to external searches, as potential faculty may be found among schools' graduates and postdoctorate students of color.
5. Once qualified candidates are identified, personal support in the form of a champion, someone willing to facilitate communication, advise the candidate, and advocate for him or her during the search process, can ensure that the search committee has the opportunity to fully assess the candidate's talent.
6. Post-hiring support is critical, as institutional politics, the challenges of earning tenure, balancing teaching and research, and other faculty concerns may be exacerbated for faculty of color, who are often expected to assume a larger role than other faculty in mentoring students, serving on committees, and other tasks.

Common Core Curricula in Allied Health

The Task Force supports expansion of educational capacity through a variety of methods including increasing efficiency in education delivery. Strategy 1.4.1 calls for the development and implementation of common core health care curricula as one way of increasing the efficiency of health care education without compromising quality. YVCC, designated as a Center of Excellence in Allied Health by SBCTC, has developed a common core curricula for six allied health programs and began offering the course in fall 2003. In 2004, a Task Force committee was formed to advise on issues related to developing and implementing allied health common core curricula. Committee

membership included faculty and administrators from two- and four-year public and private schools, industry representatives, and related government organizations.

What Does Research Say?

In addition to input from committee members, staff researched published articles, online sources, and interviewed faculty and staff in Washington and other states. The concept of a common core curriculum model in health care education is not new. Articles on the subject started appearing in health education journals during the 1960s. More recently, the Pew Commission (Commission) and peer review journals have discussed common core curricula, and potential for implementing this model.³⁷

The Commission recommends developing a curriculum for allied health professionals that will meet the needs for a versatile workforce. The Commission also recommends that the curriculum ensure efficiency for both the educational institution, as well as the student by providing an interdisciplinary core curricula.

Advantages of common core curricula include increased efficiency for students and educational institutions. Core curricula lead to less duplication of core coursework if students decide to change their educational pathway and enable schools to make more programs accessible by maximizing resources. Another advantage, according to employers, is that core curricula prepare employees to work as a team. Exposing students to a wider range of health care occupations through a core curriculum is advantageous in the workplace because students gain a better understanding of the roles of their colleagues. Challenges include the cooperation between departments and schools and the need for additional resources while developing the program.

In order to determine whether common core curricula can be more widely implemented in Washington, it is necessary to answer the following:

- What common core curricula models currently exist in Washington and other states?
- What are the advantages and disadvantages of each?
- What are challenges for implementation and how can these be overcome?

Four Models for Health Care Common Core Curricula

Four distinct models of common core curricula in health care provide insights for development and implementation.

- The Concentrated Cluster—YVCC, Washington
- The Broad Cluster—Maricopa Community College District, Arizona
- The Menu of Options—El Centro Community College System, Texas
- The Foundation—Minnesota State Colleges and Universities

Each of the common core curricula models have been named to identify an essential feature. For example, YVCC's model is titled the Concentrated Cluster because the core curricula provides a gateway to six allied health programs. This contrasts with Maricopa's Broad Cluster model that provides a gateway to 32 nursing and allied health programs. The advantage of covering fewer specialties is that more credits can be applied toward specialty programs. YVCC's program counts 34 credits toward completion of a specialized occupational program, while Maricopa's model counts for 4 credits.

All models provide increased efficiency for the student and the education provider. All four models enable students to change pathways without having to duplicate core coursework, although this varies depending on the model. All four models enable educational institutions to make more efficient use of resources such as faculty time for curricula development and free specialized faculty to concentrate on their specialty rather than core coursework. Each of the models differ in terms of the transferability of the core curricula classes and the number of credits counted toward a specialized occupational program.

The Concentrated Cluster Model: YVCC, Washington

In Washington's rural areas, employer demand for students prepared to work in certain health care occupations is often critical, but the numbers needed are small, and education

providers do not usually have the resources to open a program for just a few students. Staff at YVCC saw the potential for a common core curriculum in allied health to increase efficiency of delivery and enable the college to graduate a few students in a variety of specialized health occupations.

In fall 2003, YVCC implemented an Allied Health Common Core Curriculum for a concentrated cluster of six allied health occupations: medical assisting, medical billing and coding, medical interpreter, pharmacy technician, phlebotomy, and surgical technology (see Figure A, pg. 29). The common core curriculum program is competency-based, flexible, easily accessible, and portable within YVCC programs. Students can begin the program at any point in the school year. All theory classes are offered via distance learning for accessibility to students in outlying areas, and the curriculum enables students to cross-train in another area or to switch concentrations without having to repeat classes.

The distance education program was developed to increase Hispanic enrollment, increase enrollment of students from outlying areas, and improve retention due to convenience of access. In the short time span since the program was implemented, faculty have observed that outcomes for students who lack proficiency in the English language has improved due to the self-paced nature of the online programs.

YVCC's core curriculum counts for 34 quarter credits toward 1 of 6 chosen specialized programs. Currently, the common core classes are not transferable to other health programs at other two-year public colleges or four-year colleges. YVCC is willing to negotiate sharing the core curriculum with other schools.

The Broad Cluster Model: Maricopa Community College District, Arizona

In 1995, Maricopa Community College District established the common core health care

curriculum as part of the Health Care Integrated Educational System. The program was developed to increase the efficiency of health care education delivery and to be more responsive to the dynamic nature of the health care industry. Maricopa's common core curriculum is competency-based and provides the basis for entry for a broad cluster of 32 allied health and nursing programs. The core curriculum program consists of 7 classes and 4 semester units that articulate into 32 occupational programs. The core curriculum is offered by all 12 of the district's educational institutions.

In order to accommodate the broad cluster of occupational programs, Maricopa's core curriculum consists of common, shared, and program competencies. All health care students must take the common competencies. Following completion of Level I and II common competencies, students move either to Level II or Level III shared and program competencies. Shared competencies are shared by several health care pathways, while program competencies are specific to individual health care pathways (see Figure B, pg. 29).

From 1999 to 2004, Maricopa experienced a 47 percent increase in the number of allied health certificates awarded and a 38 percent increase in the number of allied health and vocational nursing degrees awarded. From 1999 to 2004, minority enrollment increased 44 percent, and the number of minorities enrolled in health care core classes increased by 74 percent. This is due, in part, to minority recruitment programs at some of the colleges and overall increased enrollment in the allied health programs.

The Menu of Options Model: El Centro Community College System, Texas

El Centro began developing the Health Occupations Core Curriculum in 1998 in response to the Pew Commission recommendations. Implemented in 2001, the core curriculum is used in all El Centro allied

health and vocational nursing programs. The El Centro model includes 13 semester units and requires at least some of the core curriculum classes and prerequisites to be taken prior to entry into one of 11 chosen specialties. Thus, depending on the chosen pathway, students choose from a menu of options offered in the core curriculum (see Figure C, pg. 30).

Administrators at El Centro have noted measurable positive results following the implementation of the core curriculum. Inclusion of career exploration in the core curriculum model has increased student enrollment in programs that are less known and had traditionally seen low enrollment. There is less duplication of content/skills and thus costs in the programs themselves. For example, instead of having each program teach a class in pharmacology, El Centro can teach this topic to a larger, cross-sectional group. Sharing classes with students from a variety of occupational programs has fostered a positive group dynamic and team approach that helps students to understand the role that each profession plays in the workplace.

Initially program faculty resisted the introduction of a core curriculum. By involving faculty representatives in the development of the core curriculum from the early stages, El Centro was able to overcome this challenge. The faculty representatives were charged with sharing the core curriculum with their respective advisory boards and communities. Each allied health program adopted the core curriculum, choosing from a menu of options based on the advice of their advisory boards. This approach allowed for faculty investment and wide acceptance of the core curriculum.

The Foundation Model: Minnesota Colleges and Universities

The Health Care Core Curriculum, developed by the Minnesota Health Care Industry Partnership,³⁸ is the Minnesota colleges and

universities-approved standardized curriculum for all health care programs. First implemented in 2002 at Minneapolis Community and Technical College, it serves as a foundation for health education, assisting student exploration in areas of career interest and development of an awareness of workplace expectations. The curriculum includes 8 modules constituting 4 semester credits or 64 hours that provide the learner with the skills and principles necessary for entry-level positions in health care (see Figure D, pg. 30).

Representatives of K-12 have begun to use the core curriculum program and are working with postsecondary institutions to ensure students receive college credit for the classes. In addition, the health care facilities and employers within the industry have been helpful in developing programs, such as apprenticeship, based on the core curriculum. Some health care employers are requiring high school-aged workers to complete the core curriculum program before taking entry-level positions in their facilities.³⁹

While the core curriculum program has been implemented by a few community colleges and school districts, wide implementation has been a challenge. Administrators believe this is due to the fact that most allied health programs throughout the state are already well established and have not placed this high among their priorities.

Core Curriculum Model Comparison

Each of the core curriculum models increase efficiency for students and schools, but these models vary in their characteristics. Figure 13 provides a comparison of each of the models according to credits, transferability, certificate exit points for students to enter the workplace, distance learning, whether college credit can be attained while students are in high school, and the number of programs served by the core curriculum.

Analysis of Credit Attainment

Analysis of the various core curricula models demonstrates that models requiring more credits, such as Yakima's Concentrated Cluster, articulate with a more limited number of health occupations programs. For example, Yakima requires 34 credits that articulate into 6 occupational programs.⁴⁰ Maricopa's Broad Cluster model requires 10 converted credits that articulate into 32 occupational programs. El Centro requires 19.5 converted credits that articulate into 11 occupational programs. Minnesota requires 2.1 converted credits that articulate into all health occupation programs.

Conversely, a model that has a limited credit commitment to a core curriculum, such as Maricopa, can offer a wide variety of occupational programs. A distinguishing feature of the Maricopa model is the tiered aspect. Maricopa offers a core curriculum with

a limited number of units and then branches the requirements into common competencies among professions. In contrast, Yakima offers a core curriculum with a large number of units that lead into only a few occupational training programs.

Do the Models Create Efficiency?

The goal of a core curriculum program is to create efficiency that will allow the institutions to educate more students. Some common themes of efficiency occur in all of the models. All four models enable students to change pathways without having to duplicate core coursework. All four models enable educational institutions to make more efficient use of resources such as faculty time for curricula development and free specialized faculty to concentrate on their specialty rather than core coursework.

FIGURE 12

Core Curriculum Model Comparison

Allied Health Core Core Curricula Models	Credits Counted Toward Specialty	Transferability of Courses	Certificate Exit Points	Distance Learning	College Credits Provided in K-12	Foundation for Specialized Programs
Concentrated Cluster Yakima (WA)	34* quarter credits toward 6 occupational programs at YVCC	No: only within YVCC	Yes	Yes: theory components are offered online	Not to date	6 (Does not include nursing)
Broad Cluster Maricopa (AZ)	4* semester credits toward 32 occupational programs at 12 schools (all in the county district)	Yes: within community college district of 12 educational institutions	Yes	Yes: at some campuses	Yes	32 (Includes nursing)
Menu of Options El Centro (TX)	13* semester credits for 11 occupational programs	Yes: within the community college system	Yes	Yes: at some campuses	Yes	10 (Includes vocational nursing)
Foundation Minnesota	4* semester credits/ 64 hours for all occupational programs	Yes: to all colleges in state (but not yet widely implemented)	Yes	Yes: at some campuses	Yes	All (However, not widely implemented)

* A quarter credit is equal to 1.5 semester credits. ($S \times 1.5 = Q$ or $Q/1.5 = S$; If S = Semester and Q = Quarter)

Yakima is entering only its second year of core curriculum use. Given this, it is difficult to measure efficiency. The college now has the ability to realize efficiency in that it has been able to add occupational programs in response to local employer demand.

Maricopa is the longest running core curriculum program. It allows students to articulate into other programs and institutions, providing efficiency for the student. Enrollment and graduation numbers have increased since the implementation of the core curriculum program. It is unclear, however, how much of these increases are directly due to increased efficiency resulting from the development of a core curriculum.

El Centro reports increased financial, as well as enrollment, efficiency through the use of its core curriculum program. The core curriculum program is the only health care program at El Centro that operates on a surplus, approximately \$400,000 annually. Its attrition rate has also decreased from greater than 35 percent prior to the adoption of a core curriculum program to less than 15 percent. El Centro also reports that because part of the core curriculum program includes career exploration, students are seeking enrollment in programs that had traditionally seen low enrollment. The key efficiency reported by program administrators is that the core curriculum has prevented duplication of commonly taught competencies among the health care programs.

Minnesota's model has the potential to increase efficiency since it has been developed as a tool that can be used by all two- and four-year state education institutions. Each institution, therefore, does not have to develop a core curriculum program independently. Efficiency is also promoted in that the student will be able to articulate the core curriculum between institutions that use the model. However, the program has not been widely implemented.

Statewide Transfer for Nurses

Committee members did not consider developing core curricula for nursing programs because other groups are addressing the related issues of articulation and transfer. In 2002, the Council for Nurse Education in Washington State published an articulation model: Nursing Education Articulation and Competency Project. The articulation model aims to increase mobility between educational programs for nursing students in Washington.

In 2004, following direction of HB 2382, HECB, SBCTC, and the Council of Presidents formed a work group with faculty and deans from two- and four-year public and private nursing programs to develop a statewide direct transfer agreement in nursing. The group has been working on an agreement that will be recognized by all public nursing programs and most private programs, and it will ensure students who receive an associate degree in nursing/health science will be ready to enter a their major when pursuing a bachelors degree. In 2004, the group made significant progress and the project will be finalized in the 2005.

Core Curricula and Secondary Education

In most of the models (Yakima is the exception), a health care core curricula is applicable to the secondary education level. High school students are able to take the core curriculum classes and earn college credit. This increases efficiency for the student and the educational institution and provides a workforce to the health care industry in a shorter time.

In Washington State, OSPI has worked with health educators to develop a model curriculum framework for high schools that is based on the National Health Care Skill Standards developed by the National Consortium on Health Science and Technology Education. The model curriculum framework begins with core health classes and develops into four different health pathways: therapeutic services, health informatics, diagnostic services, and support

services. Students are able to earn short-term certificates that qualify them for work in a health care occupation while still in high school, such as nursing assistant certification.

Meeting Challenges

In order to develop and implement a core curriculum program in Washington State, specific issues will need to be addressed. These are program approval and accreditation, transferability, and credit attainment.

Program Approval and Accreditation

When a school implements a new health care program it must be approved by SBCTC (for community and technical colleges) or by HECB (for four-year public colleges and universities). Some programs must also be approved by state and/or national entities to ensure their graduates are eligible to apply for a state license to practice. For example, NCQAC approves nursing programs. Accreditation of programs is another challenge. Although not always required, accreditations give programs credibility and can be an important recruitment tool for attracting new students. For example, many allied health programs can be accredited by the Commission on Accreditation of Allied Health Education Programs, a national entity. When developing a core curriculum that becomes the first stage of the curricula for a number of different specialties, it is necessary to ensure alignment with approval and accreditation requirements for each of the specialties.

Transferability

In order to make a common core curriculum truly efficient for students, core classes would be entirely transferable to other educational institutions. This means that students who need to move to another school, or who decide to change their educational pathway, would not have to duplicate classes. In addition, the core classes would articulate with programs at a higher level such as bachelor or masters degrees. Maricopa is the only model of the four with a core that is truly transferable across such

institutions. It is possible that YVCC's model could become transferable if schools were able to negotiate direct transfer agreements or a statewide agreement. A core curriculum program implemented statewide would provide efficiency in articulation but would be a radical change for many established programs, and the difficulty of trying to achieve such a program may outweigh the benefits, at least in the short-term.

Student advising is also an important element to consider to improve transitions for students. An informed student should understand his/her educational options, which courses are transferable, and which institutions accept credits. In most cases, it is the student's responsibility to initiate a counselor or mentor relationship with faculty. A more formal arrangement to increase student's understanding of their career path and options would be beneficial.

Working with Established Programs

Established programs have varying resources and goals that can create complications when establishing a curricula core for a variety of health care education programs. Although similar programs in different institutions may have common competencies, the institutions themselves have varying resources and methods to implement programs. Collective bargaining agreements also need to be considered.

K-12 Articulation/College Credit

Postsecondary institutions that are developing core curricula should consider the work students have already done during high school and recognize appropriate elements to count toward college credit. Articulation agreements between secondary and postsecondary schools in other fields could be used as a model for health education.

Conclusion

Research and examples from within Washington and other states demonstrate that

a common core curricula program offers many advantages for students and schools, though there are challenges during the development phase. All models demonstrate that core curricula lead to less duplication of core coursework if students decide to change their educational pathway. A core curricula program can create efficiency because schools are able to make more programs accessible by maximizing resources. Another advantage is that core curricula prepare employees to work as a team. Exposing students to a wider range of health care occupations through a core curriculum is advantageous in the workplace because students gain a better understanding of the roles of their colleagues. The most common challenges reported by the four models and put forth by the committee are faculty acceptance of such a program and the resources needed for development.

Recommendations

The committee recommended that school leaders, faculty, and program administrators from two-year and four-year educational institutions should seek to develop core curricula where possible, and state policymakers should find ways to incentivize this activity (see Recommendations, Figure 14). High school health care programs currently in place need to complete the transition to using the core curriculum as adopted by OSPI. The Task Force endorsed committee recommendations and SBCTC agreed to help facilitate further efforts for developing core curricula in health care programs.

FIGURE 13

Core Curricula Committee Recommendations

School leaders, health program faculty and administrators should:

- Seek to collaborate with other educational institutions to develop core curricula.
- Ensure faculty members lead the development of core curricula, with industry representation.
- Work to achieve statewide articulation of core curricula classes.
- Work with secondary health care program faculty and administrators in the use of core curricula to facilitate smooth transitions for dual credit courses.

The Governor, Legislature, and leaders in national, state, and local government should:

- Provide financial incentives to promote collaboration between educational institutions in developing core curricula.

Accreditation and approval entities should:

- Work with programs during the approval and accreditation to develop mechanisms that take into account development of core curricula, without compromising program standards.

FIGURE A: THE CONCENTRATED CLUSTER MODEL
Yakima Valley Community College

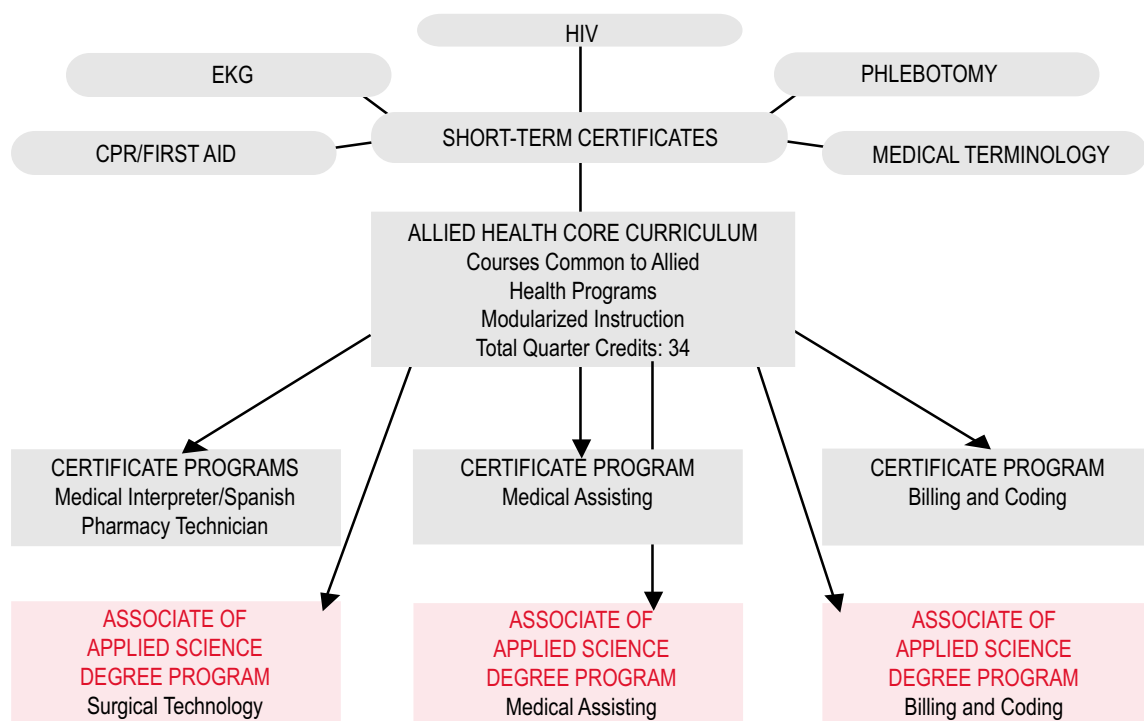


FIGURE B: THE BROAD CLUSTER MODEL
Maricopa Community College District

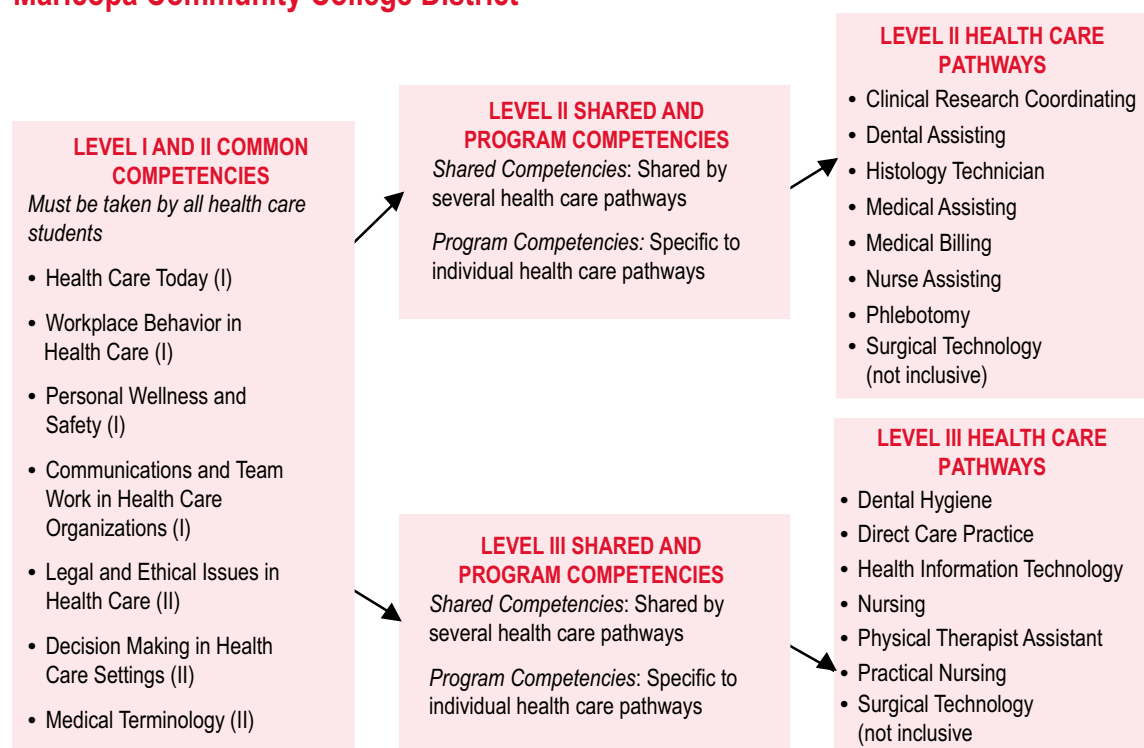


FIGURE C: THE MENU OF OPTIONS MODEL

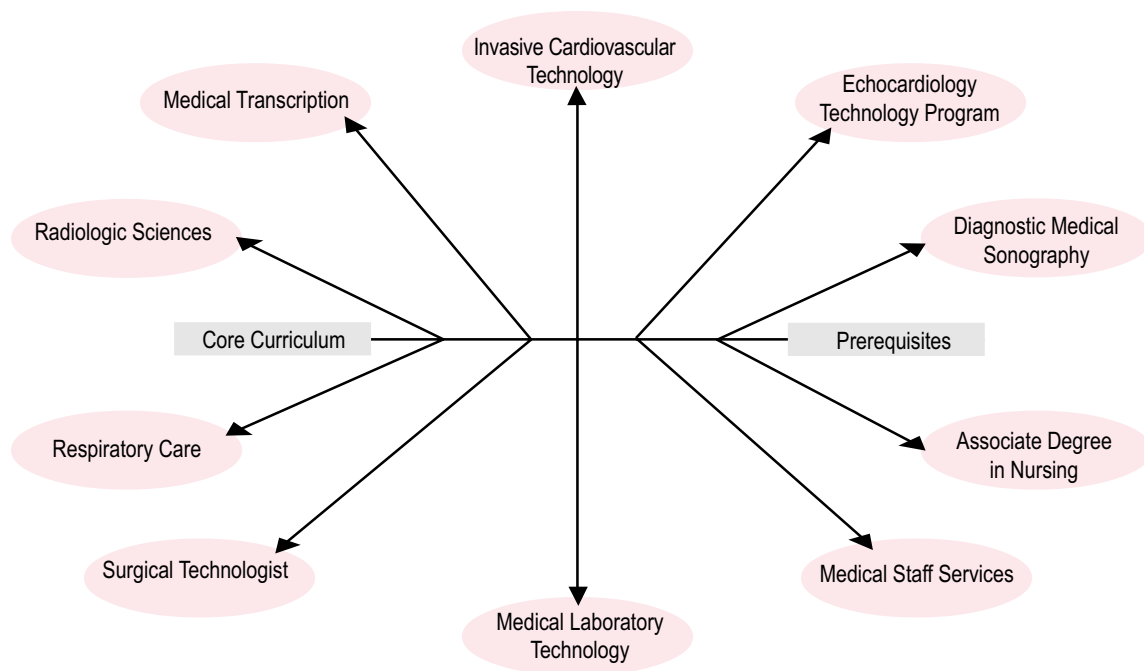
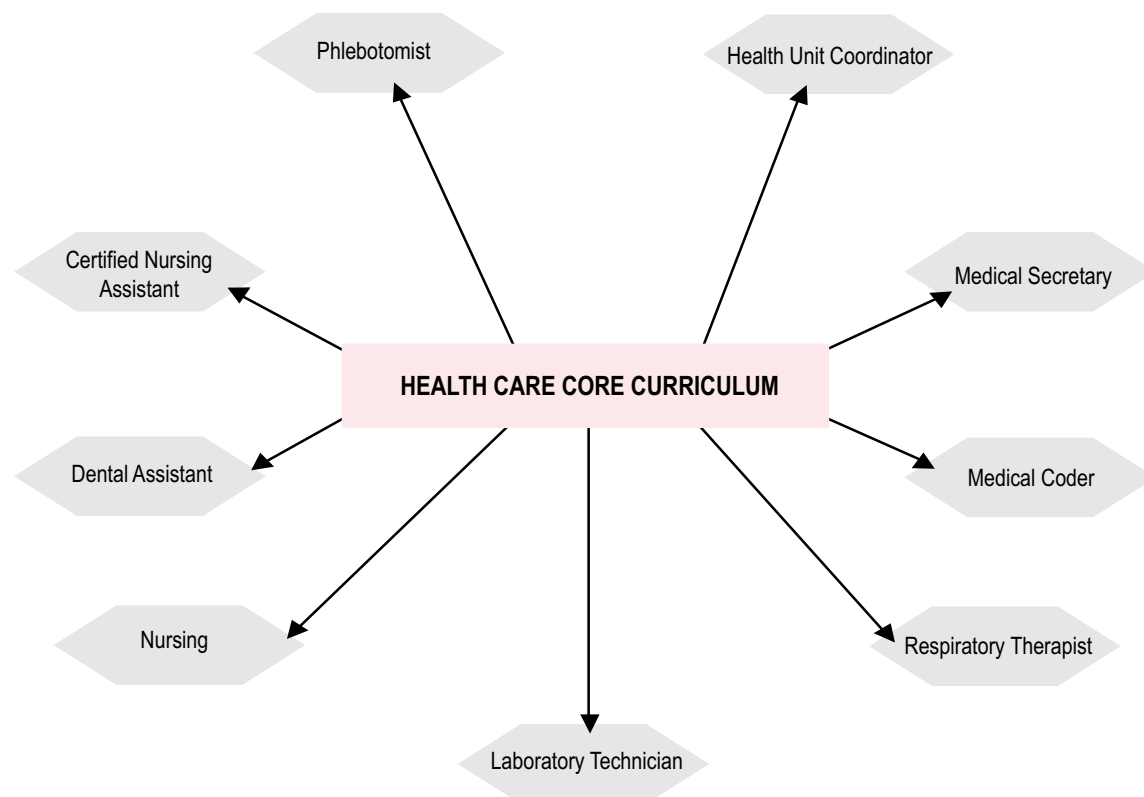
El Centro Community College System

FIGURE D: THE FOUNDATION MODEL

Minnesota State College and Universities

Next Steps for Health Workforce Partners

2005 Priorities

The Task Force recommends that the Legislature take immediate action to expand educational capacity in health care programs, recruit and retain health care faculty, and collect data on the supply of health care workers in order to plan for future educational needs. Educational institutions and industry partners should expand health care programs; support K-12 recruitment; improve articulation and transitions between K-12, two- and four-year institutions of education; and expand use of core curricula.

Expand capacity in health care programs.

Expansion of educational capacity in health care programs continues to be the number one priority of the Task Force. Legislative appropriations for the 2003-05 biennium provided much needed funding to expand capacity in health care programs, but these programs are still unable to meet student and employer demand.

- The Legislature should provide funds to expand educational capacity in high-demand health care education and training programs. The funding policy should incentivize educational institutions to provide health care programs, allowing for the higher costs of these programs.
- Educational institutions and industry partners should continue to expand capacity in health care education programs, and seek federal and private resources to support this.

Increase the availability and diversity of faculty in health care education programs. One of the main obstacles to increasing educational capacity in health care programs is the difficulty of recruiting and retaining qualified faculty. During 2004, the Task Force convened two committees on nursing and allied health faculty covering recruitment, retention, and diversity issues.⁴¹

- The Legislature should support budget requests that enable colleges and universities to increase faculty salaries so they are competitive with the health care industry. SBCTC has submitted a request for \$33.3 million to enable colleges to increase compensation for faculty who are teaching in high-demand programs.
- Leaders in four-year educational institutions should also increase compensation for faculty in high-demand programs in order to compete with industry salaries.
- Educational institutions should replicate successful methods for recruiting and retaining faculty, including programs to increase the diversity of faculty.

Collect data on health workforce supply.

Developing an accurate picture of the health workforce is critical to guide cost-effective workforce planning and to eliminate health care personnel shortages. Current state data are adequate to indicate broad areas of shortages, but more specific information is essential for educational planning so the state can increase capacity where needed, and in order to carry out the Task Force's legislative charge to track progress. It is also critical for forecasting future shortages or surpluses in the health workforce, identifying medically underserved areas, tracking diversity, and assisting with emergency preparedness.

- To initiate and maintain data that will enable the targeting of educational resources to meet health workforce needs, the Task Force requests a state appropriation of \$206,745 (Year 1: Start Up) and \$265,484 (Year 2: Implementation) and ongoing funds of approximately \$175,000 per year.

Provide health career exploration and adequately prepare youth for postsecondary health care programs. The most effective strategy for ensuring youth are exposed to

health careers and have the opportunity to prepare adequately is to provide intensive work-based learning and career exposure, combined with academic preparation during middle and high school or even earlier.

- More Washington school districts with high schools should develop health care programs as part of their Health and Human Services Pathway. About half of Washington's high schools currently offer health programs as part of their Health and Human Services Pathway.
- Skill panel employers and other partners should continue to provide work-based learning in health care settings.
- Following the 2004 Task Force website committee recommendations, one community college should establish a health careers website aimed at youth to enable health care exploration and provide information on educational programs and financial aid opportunities. With support from the Workforce Board, YVCC's Center of Excellence will establish a statewide website in 2005.

Increase efficiency and effectiveness in health care education and training programs. One strategy for increasing efficiency is to develop and implement common core curricula. YVCC's Center of Excellence in Allied Health has established the Allied Health Core Curriculum.

- The 2004 Task Force core curricula committee examined YVCC's core curriculum and models in other states. The committee recommended that educational institutions work together to expand core curricula use in Washington State.

Enable local areas to address their priority shortages. Health skill panels across the 12 workforce development areas have catalyzed many successful initiatives to recruit, educate,

and retain health care personnel for employers in their areas. They initiate recruitment and preparation of youth, expansion of educational capacity, clinical site coordination, incumbent worker training, local financial aid, connections with WorkSource employment services, transitions for military personnel, and a variety of other essential activities.

- Federal workforce funds have provided support to these panels with matches from local industry and WDCs. A state appropriation to support skill panels would enhance their ability to implement effective solutions to local health workforce needs.

Conclusion

With over \$13.5 million in state funds provided to expand capacity in health care programs and growing efforts to address recruitment and retention, it is clear that leaders have been committed to addressing the health care personnel shortage and have achieved a great deal. While this commitment and the expansive achievements are laudable, the need is so great that it is necessary for the Governor, Legislature, and all health and workforce organizations to maintain and expand efforts to address health care personnel shortages. With consistent collaborative work, it will be possible to reduce shortages. This will be critical for ensuring Washington's residents receive the health care services they need.

Endnotes

¹The Task Force receives input from wider representation each year via committees. See Appendix D for 2004 Task Force Committee Membership. For additional copies of this report, Task Force meeting notes, materials, and presentations, see the Health Care Personnel Shortage Task Force web page: <www.wtb.wa.gov/healthcaretaskforce2.html>.

²Committee membership included faculty and administrators from two-year and four-year public and private institutions, labor, employers, and government representatives (see Appendix D).

³William B. Beyers, UW, The Economic Impact of Hospitals in Washington State in the Year 2001, July 2003, pg. 2. The report states: "For every direct dollar of spending by hospitals, about \$2.4 in business activity was created in the Washington economy in the year 2001. This business activity created a total of 204,000 jobs, slightly more than three jobs in total created for every hospital industry job."

⁴Occupations with growth rates of 3 percent or higher per year: nursing aides, medical secretaries, registered nurses, physicians and surgeons, dental assistants, home health aides, licensed practical nurses, and medical assistants. See Workforce Explorer "10 Hot Jobs in Washington" at <www.workforceexplorer.com>.

⁵Data Limitation: Employers who employ less than five employees are not included in these figures. For this reason pharmacists, pharmacy technicians, dental assistants, and dental hygienists who often work for employers who employ less than five employees have been excluded, and there may be other occupations here for which vacancies are significantly underestimated.

⁶Susan Skillman, Holly Andrilla, Troy Hutson, Heather Deacon, Tina Praseuth, *Washington State Hospitals: Results of 2003-04 Workforce Survey, Paper #93*, WWAMI Center for Health Workforce Studies, UW, October 2004, pg. 19.

⁷Ibid, pg. 16.

⁸Ibid, pg. 3.

⁹Ibid.

¹⁰See *Health Care Personnel Shortages: Crisis or Opportunity?* Appendix A, pgs. I-VI, for a full discussion of issues related to retention of health care personnel, and pg. 8 of Progress 2003 for Washington's results as reported in the 2002-03 AHCA survey.

¹¹Susan Skillman, Elise Bowditch, Beth Kirlin, Gary Hart, *Retail Pharmacies in Washington State: 2003 Staffing Survey* presentation, Center for Health Workforce Studies, UW, October 18, 2004.

¹²Gary Hart, *Findings from the 2001 Washington State Dental Association Survey of Dentists*, Center for Health Workforce Studies, UW, September 2002.

¹³Personal communication with Gary Hart, WWAMI Center for Health Workforce Studies, November 2003. See also *State of the Health Workforce in Rural America, Profiles and Comparisons*, WWAMI Rural Health Research Center, August 2003.

¹⁴Susan Skillman, Holly Andrilla, Troy Hutson, Heather Deacon, and Tina Praseuth, *Washington State Hospitals: Results of 2003-04 Workforce Survey, Paper #93*, WWAMI Center for Health Workforce Studies, UW, October 2004, pg. 20.

¹⁵Workforce Board, analysis conducted by James Hu, December 2004.

¹⁶For full description of the survey and data elements see the Data Proposal presented at the Task Force meeting on October 12, 2004.

¹⁷The preceptor must have an unrestricted license and at least two years of experience in the same type of practice setting where the preceptorship will occur. The clinical experience must occur within six months of completing the nontraditional program.

¹⁸The exam is administering local anesthetic and nitrous oxide/oxygen analgesia. A person practicing with a renewed temporary license may not carry out specified functions. Dental hygiene students may practice dental hygiene when under the direction and supervision of instructors who are licensed dentists or dental hygienists.

¹⁹As a Center of Excellence, YVCC is providing statewide leadership in selected areas such as core curricula development, distance learning, and hosting a statewide health careers website.

²⁰Workforce Board, *High Skills, High Wages 2004*, pgs. 16-17.

²¹Washington State Board of Health, Final Report, *State Board of Health Priority: Health Disparities*, May 2001. Also see the Task Force plan, *Health Care Personnel Shortages: Crisis or Opportunity?* for further discussion of these issues.

²²For additional information regarding recently awarded grants, contact Susan Nielsen, 509-324-7372, or <susann@wsu.edu>.

²³For more information, contact Penny Reid, Washington Health Foundation, 206-577-1837, or <pennyr@whf.org>.

²⁴For additional information regarding recently awarded grants, contact Susan Nielsen, 509-324-7372, or <susann@wsu.edu>.

²⁵Health skill panels grew from a Workforce Board initiative that began in 2000 to support and develop local industry clusters. As of August 2003, all 12 WDCs had convened health skills panels covering all geographical regions of Washington.

²⁶*Workforce Board, Health Care Personnel Shortages: Crisis or Opportunity?* A report of the Health Care Personnel Shortage Task Force, December 2002. See page 16 for results of SBCTCs' survey.

²⁷Nancy Fugate Woods, Dean-School of Nursing, Professor Family and Child Nursing, UW, Presentation to the Nursing Leadership Council, July 2002; also four-year school representatives on the Task Force subcommittees on nursing and allied health faculty reported difficulty recruiting faculty.

²⁸AACN, *Faculty Shortage in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply*, May 2003.

²⁹IOM of the National Academies, *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*, February 5, 2004.

³⁰Sullivan Commission on Diversity in the Health Care Workforce, *Missing Persons: Minorities in the Health Professions*, September 2004. "Currently, underrepresented minorities account for only 4.2 percent of medical school faculties in the U.S., less than 10 percent of the baccalaureate and graduate nursing school faculties, and 8.6 percent of dental faculties," pg. 9.

³¹AACN paper, pg. 7.

³²B.D. Smedley, A. Stith Butler, and L.R. Bristow, (eds), *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*, IOM Committee on Institutional and Policy-Level Strategies for Increasing the Diversity in the U.S. Health Care Workforce, National Academies Press, Washington, DC, 2004.

³³D. Smith, *How to diversity the faculty*, Academe, 2000, Vol. 86(5), pgs. 48-52.

³⁴Y. Alex-Assensoh, *Race in the academy: Moving Beyond Diversity and Toward the Incorporation of Faculty of Color in Predominantly White Colleges and Universities*, Journal of Black Studies, 2003, Vol. 34(1). Also see the 2004 IOM Report *In the Nation's Compelling Interest* for a complete treatment of holistic institutional climate assessment, plan, and evaluation for supporting diversity.

³⁵Recommendations do not appear in a prioritized order.

³⁶D. Smith, *How to diversify the faculty*, Academe, 2000, 86(5), pgs. 48-52. These recommendations were developed by a subgroup of the Task Force's nursing and allied health faculty committees.

³⁷Pew Health Professions Commission, *Critical Challenges: Revitalizing the Health Professions for the Twenty-First Century*. University of California at San Francisco Center for Health Professions, December 1995. Available at <futurehealth.ucsf.edu/pdf_files/challenges.pdf>. Accessed 8/2/2004. Sherril B. Gelmon, *Accreditation, Core Curriculum, and Allied Health Education: Barriers and Opportunities*. Journal of Allied Health, 1997, 26 (Summer), pgs. 119-125. Mary F. Briden, *The Maricopa Health Care Integrated Educational System (HCIES): A Collaborative Model for Surviving Health Care Change*, Lexington, Kentucky, The Council on Licensure, Enforcement, and Regulation, 1997. Can be found at <www.clearhq.org/97-1.htm>. Accessed 7/13/2004.

³⁸Health Care Industry Partnership is a collaboration among higher education, the health care industry, professional and trade associations, and state agencies to address critical health workforce issues in Minnesota.

³⁹The Joint Commission on Accreditation of Health Care Organizations praised the ability of the Health Care Industry Partnership to document competencies of high school-aged workers.

⁴⁰The number of credits required by each of the models varies. Yakima requires 34 quarter units, Maricopa 4 semester units, El Centro 13 semester units, and Minnesota 4 units or 64 hours. According to the UW, 1 credit represents a total student in class commitment of 30 hours per 10 week quarter. To convert semester to quarter credits, the number of semester units earned must be multiplied by 1.5. To analyze all of the programs we converted all required units to quarter units. Therefore, Yakima requires 34 units, Maricopa 10, El Centro 19.5, and Minnesota 2.1.

⁴¹Committee membership included faculty and administrators from two-year and four-year public and private institutions, labor, employers, and government representatives (see Appendix D).

Appendix A: Progress by Strategy

GOAL 1 Increase educational capacity and efficiency in health care training programs to enable more people to gain qualifications to work in health care occupations.

Objective 1.1 Increase funding and continue to reallocate resources to provide more capacity in new and current health care education and training programs.

STRATEGY	ACTION TAKEN
<p>Priority Strategy 1.1.1 Increase current funding and support new funding initiatives that increase the capacity of high-demand health care programs, taking into account the higher costs of these programs. Give priority to programs situated in medically underserved areas. (General fund—state)</p> <p>Responsible Entities <i>Legislature, SBCTC, HECB, four-year colleges and universities</i></p>	<p>Legislature allocated high-demand funds and state funds \$13.5 million in state funding has been directed in 2003-05 to expand educational capacity in health care programs. Capacity has expanded by an estimated 2,000 students with 559 ongoing FTE student slots.</p> <ul style="list-style-type: none"> • HECB awarded \$3.8 million for 2003-05 to expand health care programs. • SBCTC awarded \$3.1 million for 2003-05 to expand health care programs, and \$3.6 million for 2003-04 to expand health care programs via Worker Retraining, and an additional \$3 million in workforce development discretionary funding to expand health care programs. • Other funds: In addition, SBCTC awarded \$2.9 million in discretionary funds to support health care programs. <p>Federal incentive award funds allocated Washington received a \$3 million Section 503 incentive award from the federal departments of Labor and Education for exceeding performance targets in workforce development programs. The Workforce Board awarded grants to local workforce development areas for the purpose of expanding capacity to address the shortages of health care personnel. Most WDCs utilized funding to provide health care career exploration and work-based learning opportunities in K-12, in addition to expansion of education capacity at the postsecondary level, scholarships, and other projects.</p>
<p>Strategy 1.1.2 Develop apprenticeship opportunities in health care.</p> <p>Responsible Entities <i>Department of Labor and Industries, labor, employers, DOH, professional boards and commissions</i></p>	<p>Restorative Aide/Practical Nurse apprenticeship developed The federal Department of Labor selected Washington as one of the five demonstration sites to pilot the Nursing Career Lattice apprenticeship program to enable nursing assistants to become practical nurses. In 2004, SunBridge Health Care Corporation, the Center for Adult and Experiential Learning, and the Snohomish County WDC developed a Restorative Aide/Practical Nurse Career Lattice apprenticeship model for personnel in long-term care/skilled nursing facilities. The next step will be to gain approval from NCQAC.</p> <p>Health Unit Coordinator (HUC) apprenticeship developed The Washington State Apprenticeship and Training Council (WSATC) approved the HUC apprenticeship, and the first class graduated on July 31, 2003. This apprenticeship was instigated by MultiCare and the local health skill panel in Pierce County.</p> <p>Imaging Technology apprenticeships developed Two more apprenticeships for Computed Tomography and Magnetic Resonance Imaging Technologist were approved by WSATC.</p>

Objective 1.2 Increase the availability, diversity, and retention of health care faculty in high demand health care programs that have difficulty recruiting faculty.

STRATEGY	ACTION TAKEN
<p>Priority Strategy 1.2.1</p> <p>Increase the flexibility of faculty salary schedules or allocations to provide health program faculty with compensation that is competitive with industry wages. (General fund—state)</p> <p><i>Responsible Entities</i> Legislature, SBCTC, HECB, four-year colleges and universities, labor, employers</p>	<p>Task Force committees made further recommendations</p> <p>Task Force convened committees that included representation from two- and four-year private and public college administration and faculty members, labor organizations, and related entities. One of the main recommendations was for the Legislature and school leadership to increase faculty salaries to be competitive with industry. Other recommendations included expansion of diversity initiatives, and continued partnerships. Complete recommendations are in the main body of this report.</p>
<p>Priority Strategy 1.2.2</p> <p>Provide additional financial support, such as scholarships and loan repayments, for students who intend to become health care faculty for high-demand health care programs experiencing faculty shortages. (General fund—state)</p> <p><i>Responsible Entities</i> Legislature, SBCTC, HECB, DOH, four-year colleges and universities, private partners or foundations</p>	<p>Legislature enhanced Health Scholarship and Loan Repayment program</p> <p>In the 2004 supplemental budget, the Legislature increased support for this program from \$4 million to \$6 million for the biennium. In 2003 and 2004, nine students studying to become nurse educators received these scholarships. The scholarships and loans are also offered to a variety of other students, not just student educators (see table in Strategy 2.1.1).</p>
<p>Priority Strategy 1.2.3</p> <p>Implement faculty-sharing arrangements among education providers, or among industry and education providers.</p> <p><i>Responsible Entities</i> Health skill panels working with employers, labor, and education institutions</p>	<p>Examples of faculty-sharing arrangements</p> <p>Several hospitals across the state (e.g., Virginia Mason, UW Medical Center) agreed to release a qualified member of staff to teach in postsecondary and secondary programs. The hospital provides staff release time and other forms of compensation, such as benefits. The Health Workforce Institute affiliated with the Washington State Hospital Association is under contract with the Workforce Board to collect statewide data that will be available in 2005.</p>

STRATEGY	ACTION TAKEN
<p>Strategy 1.2.4 Develop alternate pathways to gain teaching qualifications for nursing faculty and other health program faculty.</p> <p><i>Responsible Entities</i> Professional boards and commissions, DOH, SBCTC, four-year colleges and universities</p>	<p>NCQAC has been rewriting rules NCQAC has been working with stakeholders to revise education rules to clarify the standards for those who teach, nursing program approvals, and supervision.</p>
<p>Strategy 1.2.5 Provide financial and other incentives to employers or self-employed professionals for providing faculty resources, e.g. tax incentives and increased reimbursement rates. (Legislature, General fund—state)</p> <p><i>Responsible Entity</i> Legislature</p>	<p>None Due to budget deficits, Task Force leadership considered it was not a good time to pursue this strategy.</p>

Objective 1.3 Increase clinical capacity.

STRATEGY	ACTION TAKEN
<p>Priority Strategy 1.3.1 Coordinate clinical sites for nursing and allied health professions.</p> <p><i>Responsible Entities</i> Health skills panels working with employers, labor, education providers and AHECs</p>	<p>Nursing Clinical Placement District #1 implemented, other local projects TCC developed Nursing Clinical Placement District #1 that coordinates clinical placement for 14 registered nursing programs at over 350 workplaces. In its first year, the initiative expanded clinical capacity by 26 percent. The Spokane health skill panel purchased clinical coordination software to assist a local nursing education consortium to increase efficiency in clinical placements.</p>

STRATEGY	ACTION TAKEN
<p>Strategy 1.3.2 Provide financial and other incentives to employers of self-employed professionals for providing clinical resources: sites and faculty supervision. (Legislature, General fund—state)</p> <p>Responsible Entity <i>Legislature</i></p>	<p>None</p> <p>Due to the budget deficits, the Task Force leadership considered it was not a good time to pursue this strategy.</p>
<p>Strategy 1.3.3 Identify and eliminate barriers to expanding clinical capacity, and to expand opportunities for training, testing, and certification through multiple delivery modes such as distance learning, and at multiple sites (e.g., the workplace) and make recommendations to state and national accreditation bodies.</p> <p>Responsible Entities <i>Professional boards and commissions, DOH, education institutions, AHECs</i></p>	<p>Legislature passed bill to eliminate barriers to enter health professions DOH proposed, and the Legislature passed, Engrossed Substitute Senate Bill 6554 to eliminate unnecessary barriers to credentialing by changing criteria for credentialing and testing. The bill issues a limited license to dental hygienists; allows dental hygiene students to work under supervision of licensed instructors; removes citizenship requirement for dispensing opticians; allows nursing students to provide a transcript rather than provide evidence of a diploma when applying for licenses; and allows a practical nurse in nontraditional RN programs to qualify for clinical experience when working with an RN preceptor, and when the experience is obtained within six months of completion of approved nontraditional program (see Strategy 2.1.2).</p>

Objective 1.4 Increase efficiency and maintain quality of health care education and training programs to enable students to complete programs in a shorter time span and to reduce program costs.

STRATEGY	ACTION TAKEN
<p>Strategy 1.4.1 Develop and implement common core health care curricula.</p> <p>Responsible Entities <i>SBCTC, HECB, four-year colleges and universities, OSPI, DOH, professional boards and commissions</i></p>	<p>College developed common core curriculum via the Internet YVCC established a common core curriculum for medical assisting, medical billing and coding, surgical technology, pharmacy technology, and medical interpreter. The allied health core classes were first offered online during fall 2003. Courses are modularized with certificate entry and exit points to enable students to go back to work with better credentials and chances for promotion. This program is a model for expanding the development of core curricula in health care programs.</p>

STRATEGY	ACTION TAKEN
Strategy 1.4.1 (cont.)	<p data-bbox="743 415 1528 537">OSPI developed common core curricula for health science programs The health sciences core (common core curricula developed by OSPI) is now required for approval of new high school health science careers courses.</p> <p data-bbox="743 573 1528 825">Task Force committee recommended further development During 2004, a committee of the Task Force met to examine YVCC's core curricula in health care and models in other states. The committee recommended that educational institutions should work with YVCC to ensure the core is transferable to other programs. The committee recommended developing core curricula for other allied health programs (see main body of report for full recommendations. SBCTC will lead further work on this issue).</p>
<p data-bbox="391 863 727 894">Strategy 1.4.2</p> <p data-bbox="391 898 727 1213">Expand articulation among health care programs based on competencies learned in a variety of education and training settings, including on-the-job and in the military (see Goal 4 for education and training modules strategies that leads to promotion within the workplace).</p>	<p data-bbox="743 863 1528 894">Legislature passed bill to develop statewide articulation in nursing programs</p> <p data-bbox="743 898 1528 1142">In response to the direction of Senate House Bill (SHB) 2382, SBCTC, HECB, and the Council of President's staff worked with nursing deans and faculty from community and technical colleges and four-year public and independent nursing programs to develop a statewide direct transfer agreement. This would ensure students are ready to enter their major when they enter an upper division nursing program or other health science program and is expected to significantly reduce the student's time to earn a degree.</p>
<p data-bbox="391 1251 727 1283">Responsible Entities</p> <p data-bbox="391 1287 727 1402"><i>Health skills panels, SBCTC, HECB, OSPI, four-year colleges and universities, DOH</i></p>	<p data-bbox="743 1241 1528 1272">Council of Nurse Educators of Washington developed articulation plan</p> <p data-bbox="743 1276 1528 1402">NCQAC and the Council of Nurse Educators developed an articulation plan for LPN, ADN, and BSN. This is to be used as a guide for schools and students to improve transitions between two- and four-year educational institutions.</p>
<p data-bbox="391 1440 727 1472">Strategy 1.4.3</p> <p data-bbox="391 1476 727 1759">Improve program completion rates by blending basic skills including English-as-a-Second Language, and occupational skills, adjusting instructional methods, incorporating cultural awareness, and improving support services.</p>	<p data-bbox="743 1430 1528 1461">SBCTC provided grants</p> <p data-bbox="743 1465 1528 1623">SBCTC provided Integrated Basic Education and Skills Training grants to four health care programs at Bellevue Community College (BCC), Olympic College, Skagit Valley College, and Renton Technical College (RTC). The programs enable students to learn basic skills and/or English language skills at the same time as learning occupational skills.</p> <p data-bbox="743 1659 1528 1690">Various examples across the state</p> <p data-bbox="743 1694 1528 1843">South Seattle Community College (SSCC) implemented a bilingual nursing assistant summer program for youth. The six-week program includes life skills and college awareness workshops as well as a clinical component, and students take their state board exam to be certified as nursing assistants (see Appendix C).</p>
<p data-bbox="391 1797 727 1829">Responsible Entities</p> <p data-bbox="391 1833 727 1915"><i>SBCTC, four-year colleges and universities, community-based organizations</i></p>	

GOAL 2 *Recruit more individuals, especially targeted populations, into health care occupations, and promote adequate preparation prior to entry.*

Objective 2.1 Provide more opportunities for people to enter health care careers.

The following recommendations focus on underserved populations such as rural communities; racially and ethnically diverse youth and adults; men and women; disabled; new immigrants; dislocated and incumbent workers; and military personnel.

STRATEGY	ACTION TAKEN	
<p>Strategy 2.1.1 Expand and/or leverage financial aid for individuals pursuing health care training, and disseminate information on available financial assistance.</p> <p>Responsible Entities <i>Legislature, HECB, private companies, employers, foundations, local health skills panels</i></p>	<p>The 2004 Legislature increased health care financial aid funding In 2004, the Health Scholarship and Loan Repayment program funding was increased from \$4 million to \$6 million for the biennium.</p>	
	<p>2003-04 12 SCHOLARSHIPS Associate Degree Nurse–2 Bachelor of Science, Nursing–2 Nurse Educator–3 PhD Nurse–1 Dental Hygienist–1</p>	<p>2004-05 28 SCHOLARSHIPS Associate Degree Nurse–9 Bachelor of Science, Nursing–6 Nurse Educator–3 PhD Nurse–1 Licensed Practical Nurse–2 Master of Science Nurse–2 Licensed Midwife–1 Physician Assistant–2 Physician (Osteopathic)–1</p>
	<p>2003 24 LOAN REPAYMENTS Nurse Practitioner–3 Physician Assistant–2 Physician (Osteopathic)–1 Physician (Allopathic)–6 Registered Nurse–6 Certified Nurse Midwife–2 Licensed Practical Nurse–1 Dentist–2 Dental Hygienist–1</p>	<p>2004 38 LOAN REPAYMENTS Nurse Practitioner–5 Physician Assistant–3 Physician (Osteopathic)–1 Physician (Allopathic)–13 Registered Nurse–6 Certified Nurse Midwife–1 Pharmacist–3 Dentist–6</p>
	Various examples across the state (see Appendix C).	
<p>Strategy 2.1.2 Support proposed changes to regulations that allow more individuals to enter or reenter health care, and identify refresher courses and/or alternative opportunities that recognize prior training and experience for obtaining licensure.</p> <p>Responsible Entities <i>DOH working with health professional boards and commissions</i></p>	<p>2004 Legislature passed bill to eliminate barriers to credentialing (See Strategy 1.3.3.)</p>	
	<p>2003 Legislature passed bill to ease recruitment of dentists Senate Bill 5966 was signed into law (C57 L03) in 2003, and provides that a dentist licensed in another state may be granted a Washington license without examination if he or she is a graduate of a dental school approved by the Dental Commission under current law.</p>	

STRATEGY	ACTION TAKEN
<p>Strategy 2.1.3 Allow regulated health care entities flexibility in developing recruitment and retention programs that are effective for their communities.</p> <p>Responsible Entities <i>Legislature, DOH, working with the Association of Washington Public Hospital District</i></p>	<p>2003 Legislature passed bill to improve recruitment and retention in rural hospitals SHB 1189 was signed into law (C125, L03), and allows hospital districts to reimburse employees for education and training and to reimburse candidates for traveling to interviews.</p> <p>Task Force faculty committees made further recommendations Recommendations of these committees are in the main body of this report. Recommendations include increased compensation, diversity initiatives, and continued partnerships.</p>

Objective 2.2 Raise awareness of opportunities in health care careers, and provide information on technical and financial resources available for training.

STRATEGY	ACTION TAKEN
<p>Strategy 2.2.1 Establish career ladder opportunities in health care through collaboration among employers, labor, and education. (See also Strategy 4.1.1.)</p> <p>Responsible Entities <i>Local health skills panels, DOH, professional boards, commissions, and professional associations</i></p>	<p>Federal and state grants provided opportunities Local areas made use of state and federal grants to initiative career ladders and customized training programs in 2003 and 2004. Federal grants include H1-B, High Growth Job Training Initiative (Department of Labor), and several grants from the Health and Human Services Administration. For example: Local health skill panels/WDCs in Seattle-King, Snohomish, and Tacoma-Pierce counties as well as the Northwest Washington workforce development area successfully collaborated to receive a \$2.4 million federal H1-B grant to train incumbent workers to fill high-demand health care positions; Pierce County Health Services Careers Council (PCHSCC) received several grants from the U.S. Department of Health and Human Services, HRSA to implement a variety of career ladder initiatives; and Seattle-King County WDC's Careers Pathways program provided training for incumbent workers by utilizing various funding sources (see Appendix C).</p>

STRATEGY	ACTION TAKEN
<p>Strategy 2.2.2</p> <p>Train frontline WorkSource staff to inform unemployed workers or transitioning individuals (e.g. military) of opportunities in health care careers, including providing information on required courses, referrals to appropriate programs, and available resources.</p> <p>Responsible Entities <i>ESD, local WDCs</i></p>	<p>Local efforts</p> <p>Tacoma-Pierce County and Snohomish WDCs provided workshops for frontline WorkSource staff and others to inform them of high-demand opportunities in the health care industry, and to link them with local health skill panels.</p>
<p>Strategy 2.2.3</p> <p>Create smooth transitions for military trained personnel to enter the civilian workforce.</p> <p>Responsible Entities <i>Local health skills panels working with the military and education providers</i></p>	<p>Military practical nurse programs applying for Washington State approval</p> <p>NCQAC, in partnership with the Pacific Mountain and Olympic health skill panels, worked with national military representatives of Madigan Army Hospital, McChord Air Force Base, and related military education representatives to enable military-trained practical nurses to gain licensure in Washington State. They are also working to assess, and create, transition plans for other armed forces health care personnel to enter the civilian health workforce.</p>
<p>Strategy 2.2.4</p> <p>Develop a statewide health care marketing plan to raise awareness of the wide range of career opportunities. Communicate the plan in a variety of languages and ways.</p> <p>Responsible Entities <i>Private foundations and associations, community-based organizations</i></p>	<p>Task Force raised awareness, continued media coverage</p> <p>The efforts of the Task Force and local health skill panels increased media coverage of health workforce shortage issues during 2003 with over 100 articles appearing in major and local newspapers and business journals. In 2004, at least another 100 articles covered both the shortages of personnel and health care faculty, as well as efforts to reduce them.</p> <p>Washington State Nurses Association recruitment events</p> <p>The Washington State Nurses Association organized two nursing recruitment events for K-12 students at a Seattle Storm's basketball game.</p>

STRATEGY	ACTION TAKEN
<p>Strategy 2.2.5 Create and promote a website that demonstrates different jobs in healthcare, the coursework required for each job, schools that provide that education, and sources of possible financial aid. Career mapping templates should identify multiple points of entry and advancement, including places along a path that allow crossover to other health professions.</p> <p>Responsible Entities <i>Private foundations and associations</i></p>	<p>2004 Task Force website committee recommended model youth site YVCC's Center of Excellence is following website committee recommendations to establish a website aimed at recruiting youth for health care careers, providing explorative information, and information on the entire range of health care postsecondary programs in Washington.</p> <p>Statewide site for recruiting adults established in 2003 The Washington State Nurses Association, the Washington State Hospital Association, the Washington State Rural Health Association, and the Washington Health Foundation have sponsored a website aimed at adults that provides information on health careers, available education and training, and job listings. The site serves students, job seekers, and employers who are recruiting workers (see Washington Health Care Careers <www.wahcc.com>).</p> <p>Local websites established The Tacoma-Pierce County health skill panel created a website that contains information on job openings, health care education, training programs, and the highest demand occupations for Pierce County employers at <www.healthjobsforyou.com>.</p> <p>The Benton-Franklin health skill panel is at: www.healthcareworx.org.</p> <p>The Olympic health skill panel has a website that lists current health care job openings at <practiceinparadise.org>.</p>

Objective 2.3 Promote K-12 programs that provide opportunities to explore a variety of health care careers and prepare students academically so they can complete postsecondary health sciences programs.

The following recommendations target K-12 students and their families.

STRATEGY	ACTION TAKEN
<p>Strategy 2.3.1</p> <p>Support local school districts and communities in:</p> <ul style="list-style-type: none"> • Strengthening primary and middle school students' math and science skills and in building health science career programs in high schools, including increasing the number of work-based learning opportunities for students and creating health care focused mentoring programs. • Increasing the number of core health science and math programs. • Increasing the number of programs that lead to industry certification and employment in health care careers. 	<p>Model curriculum framework developed by OSPI with health educators</p> <p>OSPI adopted the National Health Care Skills Standards of the National Consortium on Health Science and Technology Education <www.nchste.org> as the basis for developing a health sciences curriculum framework with four strands (therapeutic, diagnostic, support services, and health informatics). Health sciences careers instructors, skills center administrators, the Washington Health Occupations Educators Association, and several local industry personnel assisted with development. OSPI posted planning guides for all four health science career strands on the website, and a model curriculum for the therapeutics strand <www.k12.wa.us/CareerTechEd/pathways/HealthHumanSrv/Planning/PTCourses.aspx>. OSPI began training for districts at career and technical education (CTE) director and teacher meetings. In 2002, about 50 percent of school districts offered at least one variation of a health care course, now known as health sciences careers. Ten additional school districts received approval to add health sciences in 2003 and 2004.</p> <p>Local health skill panels initiated projects</p> <p>WDCs utilized \$3 million 503 Incentive funding to provide health care career exploration and work-based learning opportunities in K-12, in addition to other projects (see Appendix C).</p>

Responsible Entities

OSPI working with local school districts and boards, higher education, community-based organizations, health care employers, local WDCs, local youth development councils, AHECs, and labor organizations

STRATEGY	ACTION TAKEN
<p>Strategy 2.3.2</p> <p>Support efforts of local school districts, communities and higher education institutions to raise students' achievements in math and science and ensure students are prepared for postsecondary studies in health sciences.</p> <p>Responsible Entities <i>OSPI working with local school districts and boards, community-based organizations, health care employers, local WDCs, local youth development councils, AHECs, and labor organizations</i></p>	<p>Education partners worked on math transition</p> <p>The Math Transition Project, launched in 2004, is identifying the math skills and knowledge high school graduates need to be prepared for success in entry-level college mathematics and quantitative reasoning courses. The project aims to reduce the likelihood of remediation. Education partners include math educators from K-12, community and technical colleges, public baccalaureates, OSPI, SBCTC, HECB, the Council of Presidents, community-based organizations, and business leaders.</p> <p>Funds for teaching programs</p> <p>HECB: \$1.4 million of high-demand funds appropriated by the Legislature in 2003 is supporting two programs that will expand capacity to prepare more math and science teachers in K-12.</p> <p>Local health skill panel projects (See Appendix C.)</p>
<p>Strategy 2.3.3</p> <p>Identify and maximize opportunities to provide students and their families equitable access to academic assistance and resources needed to pursue a career in health care.</p> <p>Responsible Entities <i>OSPI working with local schools districts and boards, higher education, community-based organizations, health care employers, local WDCs, local youth development councils, AHECs, and labor organizations</i></p>	<p>Various strategies to assist students promoted by OSPI</p> <p>Programs to assist students academically include Washington Reading Corps, Math Corps, Reading Excellence, 21st Century Grant, Migrant/Bilingual, Title I, and Indian Education.</p> <p>Local career guidance model</p> <p>Franklin Pierce School District has implemented an integrated and intensive career guidance model, Navigation 101. While not specifically targeting health care, the programs enable students and their parents to become aware of a variety of careers including health care, and the preparation needed for postsecondary studies.</p>

GOAL 3 *Develop a data collection and analysis system to assess health workforce supply and demand.*

STRATEGY	ACTION TAKEN
<p>Strategy 3.1.1</p> <p>Conduct a comprehensive cross-agency assessment of data needs, existing data collection efforts, and opportunities for collaboration and reduction of duplication.</p> <p>Responsible Entities <i>DOH and the Workforce Board working with health stakeholders</i></p>	<p>Data assessment</p> <p>In 2003, the Workforce Board, working with DOH, contracted with WSU's Social and Economic Sciences Research Center (SESRC) to assess current public and private data systems for health care personnel supply and determine gaps in data needs.</p>
<p>Strategy 3.1.2</p> <p>Analyze the options for creating and maintaining an ongoing centralized coordinated data system for information on both access to health care professional and labor market demand and supply for health care personnel.</p> <p>Responsible Entities <i>DOH and the Workforce Board working with health stakeholders</i></p>	<p>Task Force requested state appropriation to collect supply information</p> <p>In 2004, the Task Force considered options of the SESRC assessment and a proposal developed by DOH and the Workforce Board. The Task Force adopted the proposal that requests a state appropriation to initiate and maintain data on the state's health workforce supply and enables the targeting of educational resources to meet health workforce needs.</p>
<p>Strategy 3.1.3</p> <p>Collect workforce supply information through methods such as surveys of licensed professionals.</p> <p>Responsible Entities <i>DOH and the Workforce Board working with health stakeholders</i></p>	<p>Implementation depends on outcomes for Strategies 3.1.1 and 3.1.2</p>

STRATEGY	ACTION TAKEN
<p>Strategy 3.1.4 Collect workforce supply information for non-credentialed personnel.</p> <p>Responsible Entities <i>Workforce Board working with the DOH and health stakeholders</i></p>	<p>Implementation depends on outcomes for Strategies 3.1.1 and 3.1.2</p>
<p>Strategy 3.1.5 Collect data on students enrolled and completing health care programs at high school, two- and four-year public colleges, private career schools, and programs based at hospitals and long-term care facilities.</p> <p>Responsible Entities <i>Workforce Board working with DOH, four-year colleges and universities, SBCTC, and OSPI</i></p>	<p>Data for two-year public and private colleges collected Data for two-year public and private colleges has been collected. Partial data is available for four-year colleges (see Outcome Measures #1 and #2 in Appendix B).</p> <p>Center for Health Workforce Studies reported health program completions The Center for Health Workforce Studies at the UW, under contract with the Workforce Board, completed a study of the number of students completing health care programs, tracking an eight-year period from 1996 to 2004. This study is available online at <www.fammed.washington.edu/CHWS>.</p>
<p>Strategy 3.1.6 Collect demand data by surveying health care employers.</p> <p>Responsible Entities <i>Workforce Board working with DOH and health stakeholders</i></p>	<p>Washington State Hospital Association conducted third survey The Washington State Hospital Association worked with the Center for Health Workforce Studies to conduct surveys of hospitals in 2001, 2002-03, and 2003-04.</p> <p>ESD surveyed employers to assess vacancies at point in time In 2002, ESD began a biannual survey of 20,000 employers in Washington and disaggregated data for the health care industry.</p>
<p>Strategy 3.1.7 Analyze workforce supply and demand information for health professionals.</p> <p>Responsible Entities <i>Workforce Board and DOH working with research universities</i></p>	<p>Workforce Board analysis complete but limited due to current data available (See Appendix B: Outcome Measure #13.)</p>

GOAL 4 *Retain current health care workers.*

STRATEGY	ACTION TAKEN
<p>Strategy 4.1.1</p> <p>Expand customized training opportunities for incumbent workers that enable them to move up a career ladder or move to other high-demand health occupations.</p> <p>Responsible Entities Governor, ESD</p>	<p>Federal and state grants provided opportunities</p> <p>Local areas made use of state and federal grants to initiate career ladders and customized training programs in 2003 and 2004. Federal grants included H1-B, High Growth Job Training Initiative (Department of Labor), and several grants from the U.S. Department of Health and Human Services, HRSA. For example: Local health skill panels/WDCs in Seattle-King, Snohomish, and Tacoma-Pierce counties, as well as Northwest Washington workforce development area successfully collaborated to receive a \$2.4 million federal H1-B grant to train incumbent workers to fill high-demand health care positions. PCHSCC received grants of more than \$1.4 million from the Department of Labor and U.S. Department of Health and Human Services, HRSA, to implement a variety of career ladder initiatives. ESD's TIP grants utilized Workforce Investment Act (WIA) Governor's 10 percent funds to grant monies to WDCs to train incumbent health care workers to move up the career ladder and fill high-demand positions (see Appendix C).</p> <p>Labor partners with education</p> <p>Service Employee's International Union worked with SSCC to launch a national labor management education program called Fast Track into Practical Nursing. The program is online, which allows students to go to work and school at the same time. The students are able to complete the clinical portion of their training while at work. This ensures students are able to complete their program without losing work days.</p>
<p>Strategy 4.1.2</p> <p>Develop education and training modules that allow health care personnel to complete training in incremental steps, leading to recognized promotions and increases in wages.</p> <p>Responsible Entities Health skills panels, SBCTC, HECB, OSPI, four-year colleges and universities, DOH</p>	<p>YVCC's core curricula designed in modules</p> <p>See Strategy 2.3.1.</p> <p><i>*Note: This strategy was particularly directed at health personnel working in long-term care facilities.</i></p>

STRATEGY	ACTION TAKEN
<p>Strategy 4.1.3 Develop other career mobility strategies within health care organizations, maximizing training opportunities and leveraging funds within regions and among employers and educators for this purpose.</p> <p>Responsible Entities <i>Health industry, education and training providers</i></p>	<p>Federal grants provided education and training opportunities The U.S. Department of Health and Human Services, HRSA awarded the Tacoma-Pierce County WDC \$683,100 to implement shared residency programs for RNs to improve their specialty skills, including medical-surgery, critical care, operating room, and emergency department. Program curricula emphasizes diversity, cultural competence, domestic violence, serving underserved populations, and mentoring. PCHSCC is also using a portion of these funds to recruit nurses who have not been in practice, and prepare them to return to patient care. The Department of Labor awarded Tacoma-Pierce County \$762,659 for High Growth Job Training Initiative for other health care worker training initiatives (see Appendix C).</p> <p>Revolving funds for tuition removed key barriers to further training The Northwest Washington, Tacoma-Pierce County, and Southwest Washington health skill panels established a revolving loan program that utilizes WIA funds to pay tuition fees up-front, and employers provide reimbursement to the WDCs when the students have completed their training. This removes the burden of producing the up-front fees for students (see Appendix C).</p> <p>Hospital support Overlake, Children's, Swedish, and Group Health Cooperative Hospitals collaborated with the Seattle-King County health skill panel to form the Career Pathways programs. The program has provided career counseling to 490 incumbent workers and placed 156 into subsidized training programs. Participants: 57 percent are non-white and 39 percent have limited English proficiency. All efforts have been collaboratively supported by the hospitals through schedule accommodations, in-kind matches, supportive human resources policy positions and the Tuition Assistance program (see Appendix C).</p>

STRATEGY	ACTION TAKEN
<p>Strategy 4.1.4 Reduce paperwork where possible by changing state regulations, department and agency directives, and implementing new technology.</p> <p>Responsible Entities <i>Department of Social and Health Services, DOH, health industry</i></p>	<p>Public/private work group to streamline hospital surveys Senate Bill 6485 required six state agencies to work with the Washington State Hospital Association on reducing the impact of the regulatory processes, and fostering greater cooperation and less duplication of efforts. DOH is facilitating the work group.</p>
<p>Strategy 4.1.5 Implement strategies to enhance the workplace environment.</p> <p>Responsible Entities <i>Health employers, labor</i></p>	<p>\$1 million grant for retention of hospital nursing staff The Washington State Hospital Association received a federal grant of \$1 million to enable various hospitals in Washington to implement retention strategies and the Washington Health Foundation facilitated seven demonstration projects (see main body of the report).</p> <p>Local efforts Example: The Olympic Health Care Alliance with cooperation of employers developed and provided resources to support Wellness Workshops for health care employees in Port Angeles, Forks, Port Townsend, and Kitsap County (see Appendix C).</p>

GOAL 5 *Enable local communities to implement strategies to alleviate the health care personnel shortage in their areas.*

STRATEGY	ACTION TAKEN
<p>Priority Strategy 5.1.1 Provide continuing support to current health skills panels and expand the formation of health skills panels to cover all 12 workforce development areas.</p> <p>Responsible Entity <i>Workforce Board</i></p>	<p>All local areas have health skill panels Since 2000, the Workforce Board has awarded grants to local WDCs to support skill panels consisting of employers, labor, and education. By 2003, all areas had established skill panels to address shortages of health care personnel. WDCs convene these skill panels.</p>
<p>Strategy 5.1.2 Facilitate communication among local health skills panels to enable coordination of efforts, and to communicate with state entities and the Legislature.</p> <p>Responsible Entity <i>Workforce Board</i></p>	<p>Statewide coordination and collaboration proliferating The Western Washington AHEC and the AHEC at WSU, under contract with the Workforce Board, are facilitating communication among health care skill panels and assisting with implementation of Task Force strategies to enhance collaboration and share best practices.</p> <p>The Seattle-King County health skill panel conducted a statewide meeting on health care workforce issues to provide support to health skill panel members and staff.</p>

GOAL 6 *Develop a mechanism to ensure continued collaboration among stakeholders, track progress, create accountability for fulfilling this plan, and to plan for future health workforce needs.*

STRATEGY	ACTION TAKEN
<p>Priority Strategy 6.1.1 Reconvene the Task Force twice a year to establish an ongoing mechanism comprised of key stakeholders to oversee the Task Force recommendations, and hold responsible entities accountable.</p> <p>Responsible Entity <i>Workforce Board</i></p>	<p>Task Force to report progress to Legislature annually ESHB 1852 passed during the 2003 session (C278, L03, Representative Shay Schual-Berke). The law requires the Workforce Board to continue working with health care stakeholders to address the shortages of health care personnel and to report back to the Legislature annually.</p>
<p>Strategy 6.1.2 Explore more formal mechanisms to monitor and support progress in achieving the goals in this plan.</p> <p>Responsible Entity <i>Legislature</i></p>	<p>Task force to report progress to Legislature annually See above.</p>

Appendix B: Outcome Measures

Outcome Measure 1

The number and diversity of students enrolled in health care education and training programs.

Educational System	Students Enrolled 01-02	Students Enrolled 02-03	Students Enrolled 03-04	Students of Race/Ethnicity Other Than White*
Grades 9-12 (Secondary)	6,329 (K9-12)	TBD	TBD	24%
Two-year community and technical colleges	7,677	9,306	10,474	24%
Two-year private schools	6,166	7,967	TBD	30%

*Additional diversity breakdown available for specific race/ethnicity, age, and gender.

Note: Statewide enrollment data for health care program at four-year schools are not yet available.

Outcome Measure 2

The number and diversity of students completing health care education and training programs.

Educational System	Students Completing 01-02	Students Completing 02-03	Students Completing 03-04	Students of Race/Ethnicity Other Than White*
Years 11 and 12 (Secondary)	1,146	TBD	TBD	TBD
Two-year community and technical colleges	5,159	6,161	7,539	25%
Two-year private schools	3,075	4,201	TBD	33%

*Additional diversity breakdown available for specific race/ethnicity, age, and gender.

Completion Data for Select Programs Available

The Center for Health Workforce Studies at the UW, under contract with the Workforce Board, completed a report of the number of students completing health care programs. The report presents data submitted by Washington schools to the Integrated Postsecondary Data System of the National Center for Education Statistics for an eight-year period from 1996 to 2004 at < www.fammed.washington.edu/CHWS/>.

Nursing

In 2000-01, there were 845 students who graduated from either an ADN or BSN program in preparation to take the national exam to become licensed to practice as a RN. In 2001-02, the number of graduates was 1,063. In 2002-03, the number was 1,494. Between 2000 and 2002, there was an increase of nearly 77 percent¹

¹Data provided by the NCQAC.

Outcome Measure 3

The number and diversity of students training to become faculty in health care education and training.

In 2002, 65 students graduated from Masters of Science in Nursing programs, and 126 graduated from masters programs to become credentialed as ARNPs. It is estimated that about one third of students who receive their advanced degrees become nurse educators.²

Outcome Measure 4

The amount of additional funds allocated to increase educational capacity in health care education and training programs.

An additional \$13.5 million in state appropriated funds was directed toward increasing educational capacity in health care education and training programs in 2003-05, including the supplemental budget.

Outcome Measure 5

The establishment of an ongoing system for data collection and analysis.

A system has not yet been established, but the first phase of work was completed, and a proposal has been submitted to fund the collection of health workforce supply information on an annual basis. The Workforce Board, working with DOH, contracted with WSU's SESRC, to carry out the Health Professionals Assessment Project. The project determined what data about health professionals are currently collected by state agencies and what data about health professionals are needed by state agencies and key non-agency stakeholder groups. The Workforce Board and DOH used this information to formulate a proposal for collecting data on health workforce supply (see Priorities pgs. 2 and 8 for a full discussion).

Outcome Measure 6

The establishment of a campaign to market health care careers.

The Washington State Nurses Association, the Washington State Hospital Association, the Washington State Rural Health Association, and the Washington Health Foundation have sponsored a website that provides information on health careers, available education and training, and job listings. The site serves students, job seekers, and employers who are recruiting workers (see Washington Health Care Careers at <www.wahcc.com>).

Locally targeted marketing efforts include three health skill panels' websites that describe occupations and list education and training options, outreach to K-12 students via health sciences, and other career awareness programs.

Outcome Measure 7

The establishment of a website to provide health care training/career mapping and financial aid information.

The Task Force committee on developing a statewide health careers website for youth recommends developing a site based on a model used in Michigan. YVCC's Center for Excellence in Allied Health has agreed to facilitate the development of this site. The site will be interactive, provide information on health careers, educational opportunities available in the state, and financial aid opportunities, as well as links to a variety of relevant sites.

HECB currently provides a website for financial aid at <www.hecb.wa.gov/Paying/index.asp>. This website is not specific to health care students.

²Data provided by the NCQAC.

Outcome Measure 8

The number of WDCs that have established health care skill panels.

Twelve health skill panels have been established covering all areas of the state.

Outcome Measure 9

Turnover rates for health care personnel.

The annual turnover rates in long-term care facilities in Washington in 2003 was 71 percent for CNAs, 43 percent for LPNs, and 39 percent for RNs. Each of these rates were significantly improved over the previous year (see pg. 8 of the main report)³

According to a 2001 survey of hospitals, the annual turnover rate for registered RNs in Washington's hospitals was 16.6 percent. This is the most recent data available.⁴

Outcome Measure 10

The level to which health workforce diversity reflects the diversity of the populations served.

Race/ Ethnicity	State Population	MDs	Physician Assistants	Dentists	Dental Hygienists	Nurse Practitioners	Registered Nurses	Practical Nurses
African American	3.2%	1.0%	2.4%	0.9%	0.5%	1.1%	1.0%	4.4%
American Indian/ Alaska Native	1.6%	0.5%	1.2%	0.7%	1.1%	0.6%	1.0%	1.9%
Asian/Pacific Islander	5.6%	7.5%	5.9%	8.5%	3.4%	2.9%	4.4%	4.3%
Hispanic	6.0%	2.0%	4.5%	0.7%	1.7%	1.6%	1.7%	2.5%
Other or Unknown		7.5%	3.0%	8.6%	4.4%	4.8%	16.8%	20.1%
White	83.5%	81.5%	83.0%	80.6%	88.9%	89%	75.1%	66.7%

Source: 2000 Census and Center for Health Workforce Studies, UW Data Snapshots derived from 1999 Washington State professional licensing survey (most recent data available).

³AHCA 2003 survey. There are no results available for a 2004 survey.

⁴2001 hospital survey conducted by the Washington State Hospital Association and the Center for Health Workforce Studies, UW. In the U.S., annual replacement rates for health care personnel will average 11.1 percent between 2000-05, and 12.1 percent between 2005-10 (source: Bureau of Labor Statistics).

No more recent data is available. If the Legislature funds the Task Force proposal to collect data on health workforce supply, it will be possible to track this information in the future.

Outcome Measure 11

The number of incumbent health care workers receiving training to move up a career ladder.

There is incomplete statewide data at this time on incumbent workers receiving training.

Outcome Measure 12

The number of high school districts offering health science programs, and the number of these that lead to certification.

Of 248 high school districts, 136 have implemented a health science pathway in years 11 and 12. In 2001, 124 school districts had health science pathways. The CTE Program Standards require students to be prepared at the industry certification level or begin preparation for industry certification according to the highest level possible that can be achieved in high school.

Outcome Measure 13

The proximity of supply to demand of health care personnel.

ESD's May 2004 Job Vacancy survey reported 8,206 job vacancies in the health care industry: 6,548 for practitioners and technical personnel, and 1,658 for support personnel.

Demand/Supply Gap Analysis

Current available data is insufficient to conduct a comprehensive demand/supply gap analysis for all health care occupations. The table below shows the estimated gap between employers' need for prepared health care personnel and the available labor pool for a few occupations where sufficient data is available.⁵

Occupations	Additional Workers Needed Per Year for 2002-07 Beyond Current Supply
Registered Nurses	1,980
Medical and Clinical Laboratory Technologists	140
Postsecondary Teachers for Health Care Programs	130
Occupational Therapists	80

Outcome Measure 14

The number of strategies in this plan that are successfully implemented.

	2003 Number of Strategies*	2004 Number of Strategies*
Full Implementation/Significant Progress	9	9
Some Progress/Partial Implementation	24	27
No Action Taken	7	4

*Total number strategies = 40.

Outcome Measure 15

The creation of a formal mechanism that oversees the implementation of Task Force recommendations, and holds responsible entities accountable.

The Legislature passed ESHB 1852 in 2003, requiring the Workforce Board to continue convening the health workforce stakeholders for the purpose of monitoring progress on the state plan for addressing health care personnel shortages, and to report to the Legislature every year. In 2004, the Workforce Board convened two meetings of the Task Force, in addition to subcommittee meetings, and generated this progress report.

Outcome Measure 16

Commitment by the Governor and Legislature to fund health professions education at the true cost.

In 2003-05, the Governor and Legislature appropriated \$27.3 million for high-demand programs, including greater funding per student to reflect the higher cost of these programs. Approximately \$10.8 million of these funds were directed to expand capacity in health care education and training programs.

⁵Workforce Board, analysis conducted by James Hu, December 2004.

Appendix C: Progress by Local Area

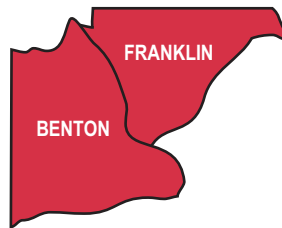
Since 2000, the Workforce Board has issued grants to support industry skill panels for the purpose of enhancing competitiveness for industries that are key to a local region's economy. Washington has 12 health skill panels convened by WDCs that cover all geographic areas of the state. Skill panel members are health care employers, labor representatives, health care educators from public and private institutions, and relevant government entities. Health skill panels connect industry and education to identify the local area's health workforce priorities, develop innovative solutions, and generate further resources to support implementation. While health skill panels are not always solely responsible for activities that eliminate health workforce shortages, they play a pivotal role and are often the catalyst. The following section provides a progress overview for each local health skill panel and other local area activities to address health care personnel shortages.

CONTACT

Brooke DuBois
509-735-2988
bdubois@tcsharedservices.com

Donna Noski
509-734-5980
dnoski@bf-wdc.org

Benton Franklin Workforce Development Area



The Benton Franklin Community Health Alliance (Alliance) continues to concentrate efforts on recruiting youth and adults into the health care industry. In 2004, 150 high school students participated in the Math Engineering and Science Achievement program to increase math and science skills for minorities and females in middle and high school. Incentive grant funding (503) supported a summer camp for high school students that offered interactive learning experiences, job shadows, and facilitated careers decision-making. Incentive funding enabled CBC to purchase and install software that tracks students in K-12 and college programs, promotes enrollment in diverse health science offerings, and improves communications throughout the health care community.

Educational capacity expansion 2003-05:

- WSU received a high-demand grant (\$1.1 million for the 2003-05 biennium) that will enable the Tri-Cities branch to provide a BSN beginning in 2004, adding 21 FTE student places.
- CBC received a workforce development grant (\$136,121 per year) to increase enrollment by 15 FTE students, an increase of approximately 40 percent, and has added 2 full-time nursing faculty.
- CBC has increased nursing clinical sites beyond the Richland, Kennewick, and Pasco community to improve diversity of clinical opportunities and expand overall clinical capacity.
- CBC is developing two new programs: medical assisting and radiologic sciences.
- The CBC Foundation funded an additional five nursing lab stations to support increased program enrollment.
- The Blue Mountain Community College in Oregon has added 37 FTE students to the nursing program through support from three Tri-Cities hospitals.
- Kadlec Medical Center has pledged \$2 million, and other partners \$5.2 million, to build a new regional medical training center at CBC's Richland campus adjacent to Kadlec's campus. The plan allows for all allied health programs from both schools to be co-located on one campus.

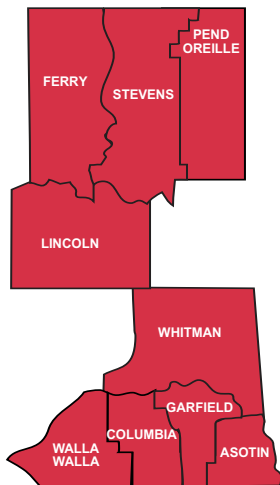
Benton Franklin Workforce Development Area (cont.)

- CBC has increased the articulation of the Tri-Tech Skills Center Pre-Nursing course to the CBC Nurse Assistant Program, providing college credit and nursing student application priority registration points.

Recruitment and Retention:

- HealthcarewoRX < www.healthcareworx.org > is a website, developed and maintained by the Alliance, that provides health care job descriptions and pathways, available education and training, financial aid information, health care job listings, and links to K-12 web tools to increase awareness of health care careers and opportunities.
- The CBC Foundation awarded \$30,000 in student scholarships for health sciences during the 2003-04 academic year.
- The Alliance participates in the Pasco High School career fair and in health fairs at Pasco's middle schools.

Eastern Washington Workforce Development Area



The Eastern Washington Partnership Health Skill Panel (Panel), formed in 2003, has established subpanels for Ferry, Lincoln, Pend Oreille, and Stevens counties and another for Asotin, Columbia, Garfield, Walla Walla, and Whitman counties. In its first year, the Panel conducted a comprehensive assessment of health workforce priorities; strengthened relationships between industry, education, and government; and developed and implemented strategies to recruit youth into health care occupations.

The Panel's comprehensive survey of employers at hospitals, long-term care facilities, clinics, and hospices determined the area's most pressing workforce needs, including reasons for turnover. The survey exposed a pressing need for anatomy and physiology prerequisites and practical nurse programs. With support from the WDC and local employers, Spokane Community College (SCC) was able to offer two quarters of anatomy and physiology at the Colville Center, and local residents were able to attend classes closer to home, rather than drive to Spokane.

One of the activities of the Southeastern Washington Health Occupations Alliance (Southern Panel) has been to research employee needs at local medical centers. Because training remains a top priority, activities included researching scholarship information, resource mapping of training available in the southern five counties, development of a distribution process for the information, and consideration of online listings. The Southern Panel is focusing on middle/high school guidance to class selection for careers in health care. They are examining available health sciences pathway offerings, and exploring the best methods to introduce curriculum into schools.

Future plans include creating job-shares for workplaces that may not be able to support a full-time position on their own; workshops to help local employers enhance skills to increase retention of incumbent workers; and developing interactive video and other online technology that plays an integral part in rural instruction.

CONTACT

Josie Darst
509-685-6128
jdarst@ruralresources.org

**Eastern Washington
Workforce Development Area**
(cont.)

Educational capacity expansion 2003-05:

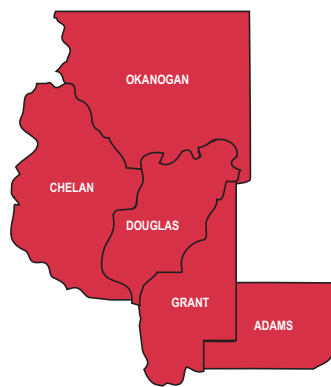
- Walla Walla Community College (WWCC) added 24 students to their nursing programs: 12 each at the Walla Walla and Clarkston campuses.
- WWCC nursing program is offering evening and weekend classes and utilizing clinical slots at nontraditional times to increase capacity.
- The WDC contributed \$22,300, and local employers \$45,000, to support prerequisite classes at SCC's Colville Center.
- SBCTC awarded SCC a grant of \$100,000 that will enable the Colville Center to offer the first quarter of instruction of the Practical Nursing program in the spring of 2005.

Recruitment and Retention:

- The health skill panel sponsored the Northeast Tri-County health careers fair for high school students in April 2004. On October 27, 2004, a youth career fair was held in Colfax for Whitman County eighth graders from seven rural school districts. Presenters represented nursing, physicians and physician assistants, pharmacy, public health, dental hygiene, medical equipment, emergency management technicians, imaging, physical, occupational, and speech therapy.
- The panel is developing flyers to advertise health career opportunities targeted at high school students.
- The panel has worked with the WSU/Stevens County extension program to develop and maintain a recruitment website that also contains information on the area's health care education opportunities <stevens.wsu.edu/Community_Health_Care_Workforce.html>.

CONTACT
Ken Kelhofer
509-663-3091
kenk@skillsource.org

**North Central Washington
Workforce Development Area**



The North Central Washington Health Care Skill Panel (Panel), established in 2003, represents the first effort in the area to address health care personnel shortages. Due to geographical distances in this workforce development area, the Panel formed work groups in Okanogan, Grant/Adams, and Chelan/Douglas counties.

One of the first Panel initiatives was the development of an innovative tool that operates both as a survey instrument to assess the area's health workforce needs, and as a staffing planner to project needs. Eighty-three percent of area employers from all major health sectors (hospitals, long-term care, clinics, and home care) responded. In an effort to build partnerships and a strategic approach, the Panel sponsored a Rural Health Care Summit in 2004, featuring health care futurist Leland Kaiser.

To increase student preparation for health care careers, the Panel is utilizing 503 incentive funds to offer health career camps for low-income ninth graders. The first camp will be offered in spring 2005. A related project is partnering with a long-term care provider to build a Nursing

North Central Washington Workforce Development Area (cont.)

Assistant preparation and certification program into the Bridgeport school district offerings. Incentive funds (503) are also supporting WVC and BBCC initiatives to recruit students into health care programs.

The Panel works to ensure their projects align with the state Task Force goals and strategies, and has developed a project inventory posted at <www.4people.org>.

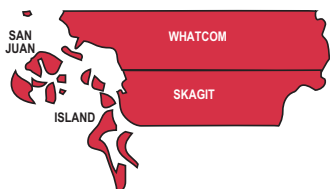
Educational capacity expansion:

- Fifty lower skilled and lower income health care workers who lived some distance from education campuses are participating in an incumbent worker training program, E3 Health Care. The program, developed by the WDC and funded by ESD's 2003 TIP, brings classes to the workplace and offers nursing prerequisites classes during an expanded lunch hour or on Fridays and weekends. As part of this program WVC offered a workplace relations class.
- In 2003, BBCC received a workforce development grant from SBCTC (\$72,598 per year) to support the establishment of an ADN program. The program will seek national accreditation that will ease student articulation into BSN at four-year schools.

Recruitment and Retention:

- E3 Health Care has provided approximately \$50,000 in financial aid for 16 of the 32 new nursing students.
- Health Career Pathways funds have been subcontracted to Washington Business Week to develop and deliver three health week experiential learning programs connecting teens with business leaders and their expertise.
- The SkillSource website has a link to the health skill panel <www.skillsource.org>.

Northwest Washington Workforce Development Area



In 2004, the Northwest Alliance for Health Care Skills (Alliance) received a Governor's Best Practice in Workforce Development award for working with school districts and area colleges to recruit youth into health care occupations. In 2003 and 2004, a total of 200 middle and high-school students participated in health care career camps and 58 low-income and at-risk youth participated in work-based learning internships. In addition, more than 620 middle and high school students participated in health care career fairs. Using input from WorkSource staff, the Alliance developed a web portal <www.healthcarework.info> for use at WorkSource centers. The site enables youth, education, and industry partners to access local health care career labor market information and educational opportunities.

The Alliance has played a key role in increasing capacity for nursing students at local educational institutions. Their initiatives will expand RN training capacity by 75 percent. In the area of incumbent worker training, 55 nurses received specialty training in critical care emergency department services. The American Association of Critical Care Nurses offers the Critical Care Specialty orientation training online. The clinical

CONTACT

Alex Kosmides
360-671-1660
akosmides@nwpic.bellingham.wa.us

Larry Thompson
360-647-8446
ewmcs@aol.com

**Northwest Washington
Workforce Development Area**
(cont.)

portion of the program took place at the student's worksite and students were able to observe at the other worksites. All four local hospitals provided instructors for this program. Future plans include identifying funding to create a nurse educator tuition support program, and purchasing clinical coordination software.

Other educational capacity expansion:

- Bellingham Technical College (BTC), Skagit Valley College, and Whatcom Community College received a joint grant of \$597,000 in high-demand funding to expand program capacity for RNs by 30 FTEs.
- Skagit Valley College received an Integrated Basic Education and Skills Training grant of \$74,934 to expand their health career ladder program by 36 FTEs. The Practical Nursing program for limited English proficient students responds to the need of employers for bilingual, bicultural nursing staff. The 10-week program was redesigned to cover content over an 11-quarter period instead of 6-quarter traditional delivery.
- BTC had added an additional practical nurse class, 18 students graduated in 2004. It also created an LPN to RN bridge program.
- The Radiologic Technology program offered at BTC and Everett Community College was expanded to accommodate an additional 16 students. This program received a Governor's 2003 Good Idea in Workforce Development award, and uses a blend of distance and in-person instructional strategies.

Recruitment and Retention:

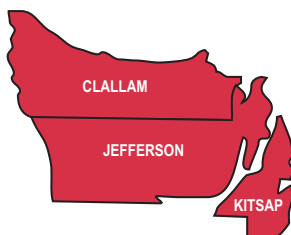
- The Alliance has presented to over 620 middle and high school youth on health care careers, and continues to present at high school and college career fairs.
- The Alliance sponsored Health Care Career camps with a total 200 youth participating, and 58 low-income and at-risk students were placed in work-based learning internships.
- The Alliance created Health Opportunities Training fund supported by industry to enable local students to pursue health degrees.

The Olympic Health Care Alliance (Alliance) has worked to recruit K-12 students into health care careers, expand educational capacity, and improve transitions into the civilian workforce for unemployed individuals and military-trained health care personnel. The Alliance has also initiated programs to improve retention of health care personnel.

Recognizing the need to inform K-12 math and science teachers and careers counselors about the opportunities for their students in health care careers, the Alliance sponsored workshops in Bremerton, Forks, Port Angeles, and Port Townsend in 2003. The workshops registered 100 participants, and included a tour of the local hospital and contextual examples of the relationship between math and science and functions of health care providers. In 2004, the Alliance hosted a weeklong health career camp for 30 high school students at Peninsula College using 503 incentive funds.

CONTACT
Leif Bentsen
360-337-4883
lbentsen@co.kitsap.wa.us

**Olympic Workforce
Development Area**



**Olympic Workforce
Development Area**
(cont.)

To improve retention, the Alliance provided specialized training for health care employees. Some examples include ServSafe Certification for dietary workers in health care; stress-reduction workshops for employees and managers in Forks, Port Angeles, Port Townsend, and Kitsap County; a five-day Nurse Leadership Academy; conflict resolution of health care employees; and basic and intermediate medical terminology courses. The Alliance has also conducted various studies to determine the best means for increasing educational capacity and recruiting individuals into health care professions. Alliance activities are described in greater detail at <www.practiceinparadise.org>.

Educational capacity expansion:

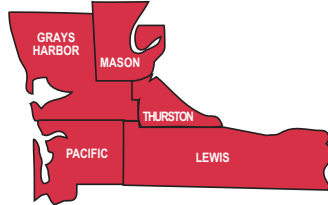
- Olympic College (OC) received \$179,000 in high-demand funding to develop an advanced placement program for practical nurse students to enter ADN programs, adding 18 FTEs. The fast-track (3-quarter) programs is now offered at the new Poulsbo Campus providing geographically isolated practical nurses the opportunity to participate in a local RN program.
- In 2003, the Alliance supported modular training for specialty nursing qualifications: 83 students participated in training and have received certification in gerontology, critical care/medical surgery, and perioperative.
- Area educational institutions are part of the Clinical Placement District #1 coordinating clinical placements for nurses at 14 educational institutions at over 350 worksites.
- OC received \$53,018 from SBCTC for a nursing assistant program that integrates ESL with the occupational program.
- Peninsula College received a workforce development grant of \$100,000 from SBCTC to expand their medical assistant program by 20 FTEs.

Recruitment and Retention:

- The Alliance is working with Pacific Mountain WDC and NCQAC to have military LPN programs apply for approval in Washington. This would enable graduates to transition into the civilian health workforce. The Alliance is acting as facilitator for the OC and the Navy College that serves the Bangor and Bremerton bases to improve transitions for armed forces trained personnel. The Alliance aims to develop articulation between navy medical training and OC's health care programs.
- The Alliance surveyed 5,300 WorkSource customers and conducted a focus group to determine educational and personal barriers for unemployed individuals to pursue a career in health care.
- The Alliance elicited scholarship funds from the WDC and private contributions for students in various programs, such as radiology technology and basic and intermediate medical terminology for incumbent workers.

CONTACT

Jamie Krause
 360-754-4113, ext 118
krausej@co.thurston.wa.us

Pacific Mountain Workforce Development Area

The Pacific Mountain Health Skill Panel initiated projects to recognize military training in the civilian health workforce. Pacific Mountain staff have worked with NCQAC, the Olympic Health Care Alliance, and military representatives to assess the equivalency between military health care education programs and state-approved nursing programs.

In 2004, the Navy and Air Force were invited to apply to Washington State to have the Navy Corpsman and Air Force Aerospace Medical Specialist schoolhouses recognized as approved schools of nursing. All indications are that the Navy and Air Force will submit applications to have the Corpsman and Aerospace Medical Specialist programs reviewed for equivalency with state-approved nursing programs. NCQAC can then approve the military programs, or work with the military schoolhouses to request changes that will enable Navy Corpsman or Air Force Aerospace Medical Specialists to apply for practical nurse licensure in Washington.

In order to prepare youth in the K-12 arena for careers in health, the New Market Vocational Skills Center in Tumwater used a \$200,000 grant to double capacity of its Professional Medical Careers program from 40 to 80 students. Students enrolled in the program receive math and science tutoring as needed, and St. Peter Hospital provides job-shadowing opportunities.

Educational capacity expansion:

- Centralia College received high-demand funds to create an ADN program and expand their LPN program by an additional 16 FTEs.
- Grays Harbor College received \$139,300 in high-demand funds to expand their nursing program. The expansion increases capacity by an additional 14 FTEs.
- In 2002, the skill panel secured over \$800,000 from ESD to expand nursing programs by 25 to 100 percent at Centralia, Grays Harbor, South Puget Sound, and Olympic—Shelton Community Colleges.

Recruitment and retention:

- In 2003, ESD awarded the Pacific Mountain WDC a TIP grant to provide prerequisite training for incumbent health care workers who are interested in gaining practical nurse or RN qualifications. In 2003, 57 students were enrolled.

Seattle-King County Workforce Development Area



The Seattle-King County Health Care Staffing Crisis Panel has recommended a variety of initiatives to expand educational capacity including a significant incumbent worker training initiative, Career Pathways, to address health care personnel shortages. The Career Pathways program places career specialists at six hospitals, one day a week, to assist employees to identify career paths, education and training options, career advancement opportunities, and retention services, as well as tuition subsidies.

As of September 2004, the Career Pathways program had provided career assessment and counseling services to over 1,000 employees, and offered \$400,000 in tuition subsidies to over 230 incumbent workers.

In coordination with the Career Pathways program, the WDC has partnered with local community and technical colleges as well as four-year institutions to expand capacity in high-demand health care training programs by over 150 slots. These expanded capacity efforts have focused on nursing, imaging, and vocational literacy. Education partners include Bellevue, Highline, Seattle Central, and Shoreline Community Colleges, as well as Renton and Lake Washington Technical Colleges, and UW/Bothell.

In order to improve outcomes for diverse populations and meet workplace shortage needs at the same time, the WDC sponsored a workplace literacy program at Overlake, Group Health, and Swedish Hospitals. The program provided customized training for 29 personnel in these hospitals to improve English language and literacy skills. In addition, the program has served 66 personnel at nursing/retirement homes: Caroline Kline Galland, Covenant Shores, Parkshore, and Horizon House.

Another strategy to address diversity has been implemented by SSCC, in partnership with the WDC. The college established a six-week summer CNA program for bilingual high school students or new graduates. This demonstration project included both in-class and work-based learning, and workshops on college preparation and job-seeking skills. In 2003, 50 students were enrolled in the program. Forty-six students (ninety-two percent) successfully completed the course, and seventy-eight percent of students who took the state nursing assistant certification exam passed. While funding for the demonstration project expired in spring 2004, the Seattle City Youth Employment Program provided funding for 17 bilingual, WIA-eligible youth to take the summer nursing assistant course at SSCC.

Additional educational capacity expansion:

- The UW received \$455,661 in high-demand funds for the 2003-05 biennium to expand capacity in the BSN program by an additional 32 FTE students. The university proposes to expand its current undergraduate degree program by approximately 20 percent per year, with half of the new enrollments in each of the next 2 years.

CONTACT

Cas Cogswell/Seanna Ruvkun
206-448-0474, ext 3009
ccogswell@seakingwdc.org

Helena Haas
206-448-0474, ext 3017
hhaas@seakingwdc.org

**Seattle-King County
Workforce Development Area**
(cont.)

- The Seattle Community College District, collaborating with community health care providers, is utilizing \$318,400 of high-demand funds to create the Seattle Health Care Education Institute. The institute is linking existing and new health care education programs in nursing, medical assisting, and dental hygiene within the college district. The program includes literacy instruction for ESL students, coordination of clinical sites for multiple programs, and outreach to area high school students.
- RTC received \$228,850 in high-demand funds to develop the Options in Nursing Education for All program with an additional 14 FTEs. RTC is collaborating with the Veterans Administration Puget Sound Health Care System to encourage youth, disadvantaged students, and entry-level health care workers to advance from one level of nursing education to the next. Student retention strategies include a peer tutor program, ESL instruction blended into technical/professional instruction, and learning disability services. The college also received \$75,000 in Integrated Basic Education and Skills Training funds for an integrated ESL and allied health program.
- BCC received high-demand funds of \$139,000 to develop a medical informatics program, and the college is partnering with hospitals to develop subspecialty training programs for imaging technology to advance current radiology technologists.

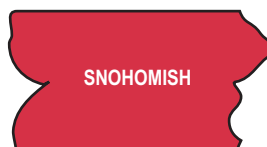
Recruitment and Retention:

- The WDC sponsored a workplace literacy program at long-term care facilities and Overlake, Group Health, and Swedish Hospitals: 29 hospital personnel and 66 long-term care personnel received customized training in hospitals to improve English language and literacy skills.
- To increase diversity in the nursing profession, SSCC, in partnership with the WDC, established a six-week summer CNA program for bilingual high school students or new graduates. In 2003, 50 students were enrolled in the program. In spring 2004, Seattle City Youth Employment Program provided funding for 17 bilingual, WIA-eligible youth to enroll in the program.

CONTACT

Kristen Gillisse Howe
425-921-3498
kgillisse@snocowdc.org

**Snohomish County
Workforce Development Area**



The Snohomish County Health Services Careers Partnership (Partnership) updated a strategic plan to guide the Partnership's activities in 2004 and beyond. The plan aligns with the state Task Force plan and focuses on increased access to educational opportunities and retention of staff in health professions in Snohomish County.

In 2004, the Partnership provided a workshop to link industry partners with WorkSource staff. The workshop assisted WorkSource staff to become aware of the needs of health industry employers, and enabled employers to understand how they could gain access to employees via WorkSource services. The program also increased awareness among employers and WorkSource staff of health educational opportunities and financial assistance. This workshop highlighted The Health Care

**Snohomish County Workforce
Development Area**
(cont.)

Pipeline: Smart Move to Collaboration project, a candidate evaluation program to provide WorkSource and WorkFirst participants the opportunity to be assessed for employment and volunteer opportunities.

In order to assist educators, counselors, and students to navigate the educational system, the Partnership assessed required nursing prerequisites for practical and ADN programs, and posted this assessment on its website. Another project to improve educational access was developed by SunBridge Health Care Corporation, the Center for Adult and Experiential Learning, and the Snohomish County WDC. The partners developed a Restorative Aid/Practical Nurse Career Lattice apprenticeship model for personnel in long-term care/skilled nursing facilities.

Educational capacity expansion:

- The Snohomish County WDC awarded a \$250,000 Regional Integrated Health Care Occupations Training grant to Edmonds and Everett Community Colleges to increase prerequisite class capacity for high-demand health care programs, develop flexible delivery formats and additional clinical placement sites, and continue the support and creation of the Northwest Radiologic Technology Consortium that will provide training for 15 students.
- Everett Community College received high-demand funds of \$298,500 to expand the ADN program by 15 FTEs. In addition to expanding capacity, the program will coordinate efficient use of existing regional nursing programs by adapting established best practices for health care training delivery, and student retention and capacity in the required prerequisites.

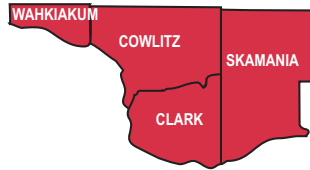
Recruitment and Retention:

- Snohomish County received an H1-B grant from the U.S. Department of Labor (shared with four other counties) to address the regional health care worker shortage. Incumbent workers are receiving training in the following areas: Radiologic Technology (15), ADN (30), prerequisites for nursing (20), practical nursing (20), Bachelors of Science (9), and Masters of Science in Nursing with a specialization in nurse education (6).
- The Partnership regularly participates in K-12 and college career fairs.
- The Partnership developed a website <www.worksourceonline.com/v3/js/healthcareresources> that provides career information in addition to educational opportunities and links to Washington Health Care Career <www.washingtonhealthcarecareers.com>, a recruiting website.
- The Partnership publishes a monthly newsletter that highlights skill panel and partner activities.
- The Partnership is planning a Nursing Retention Conference in 2005.

CONTACT

Nuala Davies-Shoman
360-567-1075
Ndavies-shoman@SWWDC.org

**Southwest Washington
Workforce Development Area**



The Southwest Washington Allied Health Care Skill Panel (Panel) has concentrated on educational planning for health care careers in order to target resources where they are most needed. In 2004, the Panel undertook a large educational mapping project to assess the number of students enrolled and on waiting lists, faculty availability, and clinical placement issues. The project identified specific bottlenecks in education and a need for secondary and postsecondary preparation and prerequisite programs.

To enhance recruitment into health care occupations, the Panel created a comprehensive toolkit for WorkSource staff, employers, and educators to use in matching job seekers with health care employment and education. The Panel provided a series of training workshops to assist WorkSource staff to use the toolkit and publicize its benefits at the same time.

Educational capacity expansion:

- Clark College received \$248,750 in high-demand fund to increase capacity in the ADN program by 25 FTE students.
- Lower Columbia College received \$149,250 high-demand funds to create a practical nurse to RN bridge program via distance learning. The pilot program will serve 10 practical nurses already working that require flexible training delivery for career advancement.

Recruitment and Retention:

- The WDC awarded a \$200,000 grant to Evergreen School District to expand current medical programs at the Clark County Skills Center and local high schools. This project is enabling 30 students to develop technical and academic skills to prepare them to enter jobs in the health care industry or attend postsecondary education leading to jobs in the health care industry. The district is also researching a state-of-the-art Advanced Medical Careers Academy that could increase capacity for future occupational training for low-income youth who want to work in health care.
- Local employers have collaborated to hire a Health Care Specialist that rotates among regional employers to connect incumbent workers with appropriate training and financial assistance. In addition, the specialist will identify common retention and training issues, as well as develop and maintain health care career resources.
- Using an ESD grant of \$125,000, Clark and Lower Columbia Colleges developed short-term incumbent training programs to upgrade skills that lead to increased wages, career mobility, and/or greater retention of health care personnel.

Spokane Workforce Development Area



The Spokane Health Skill Panel (Panel), established in 2003, completed its first year of work with a number of accomplishments: a comprehensive health care employer survey; expanded capacity for allied health prerequisite programs; nursing clinical placement coordination; and identification of needed nursing specialty programs. A Panel committee of educational deans, vice presidents, and department chairs in health programs from six area colleges and universities has been guiding a system approach to increase the effectiveness and efficiency of health care offerings in the Spokane area.

CONTACT

John Baumhofer
509-625-6213
jbaumhofer@wdcspokane.com

Doug Decker
509-444-6836
doug@intec-center.org

In June 2004, the Panel discovered that EWU and the community colleges had very large waiting lists for allied health prerequisite programs such as anatomy and physiology, and the schools were not able to accommodate all the students. Through increased coordination and adding faculty, the area was able to eliminate the waiting list by fall, and accommodated all students. The Panel plans to have a nursing clinical placement system functioning by March 2005. A database and management system has been purchased and, through the use of this system and increased coordination between educational institutions such as sharing of clinical supervisors, the Panel estimates a 20 percent expansion of clinical slots.

One of the Panel's committees is working with the nine school districts in the Spokane area to develop further articulation between K-12 and postsecondary health care programs. The Hilliard Skills Center, supported by the area districts, offers dental assisting, veterinary tech, and medical assisting. The local partners are working to integrate academic health science components with health care programs to improve preparation, articulation, and the ability to earn dual credit for postsecondary health care education.

Educational capacity expansion:

- WSU received a high-demand grant of \$928,986 for the 2003-05 biennium to expand the pharmacy program by about 40 percent, adding 46 FTEs.
- The nursing program at WSU received high-demand funds totaling \$1.6 million for the 2003-05 biennium to expand capacity by 93 FTEs. These funds will provide enrollment increases at the Yakima and Tri-Cities campuses, as well as Spokane.
- WSU also received \$268,130 in high-demand funds to expand capacity in pre-science and pre-health science by 30 FTEs, assisting with the bottleneck in lower division courses.
- The U.S. Department of Health and Human Services, HRSA awarded a three-year grant of \$695,933 to implement a rural nurse internship program for newly hired acute-care hospital nurses. The program will prepare rural RNs with specialist knowledge, and is expected to enroll 120 nurses and 105 hospitals within three years.

**Spokane Workforce
Development Area**
(cont.)

- U.S. Department of Health and Human Services, HRSA also awarded the WSU's Intercollegiate College of Nursing a \$739,360 grant to increase the number of Native American and Hispanic nurses in the Yakima valley. The two-year grant, called Assist Latino Community to Attain Nursing Career Employment (ALCANCE II): Reaching the Reservation, follows a \$474,000 grant known as ALCANCE I, which the college received in 2001.
- EWU received \$96,000 in high-demand funds to provide a doctorate in physical therapy for 8 FTE students.
- EWU received \$101,873 in high-demand funds for the Bachelor of Science in Dental Hygiene program, an additional 10 FTEs.
- In 2003, SCC received high-demand funds of \$199,000 to expand nursing and allied health program capacity by 10 FTEs.

Recruitment and Retention:

- In 2002-03, ESD awarded the WDC, in partnership with SCC, an Industries for the Future grant of \$150,000 to train incumbent workers. Nineteen practical nurses received training to become RNs. In addition, a TIP grant of \$124,000 is enabling a total of 51 students to receive training to move up the career ladder in nursing, IV therapy, and perioperative training.

In 2004, PCHSCC used a variety of sources to fund a broad array of initiatives to address health care personnel shortages. One example is a \$762,659 Department of Labor grant that is supporting the development of a satellite cardiovascular technologist program. Career coaching for incumbent employees, a health care educator network, and programs to reach out to youth and minorities are among other initiatives.

In order to educate and recruit youth and adults into high-demand health care careers, PCHSCC has developed marketing materials, and engaged in other K-12 and adult recruitment projects. PCHSCC's <healthjobs4you.com> website complements other marketing brochures and posters. A major marketing product appeared as an eight-page insert in the Tacoma News Tribune. PCHSCC was also active in the 2003 Ladders to Success Career Fair that was attended by 5,000 job seekers, and joined with WorkSource, health care industry partners, and local schools to present Health Occupations Workshops (HOW) for youth, educators, and the public. Since December 2003, 252 adults, youth, and educators have attended HOW presentations, and materials are being translated into Korean, Russian, and Spanish.

In 2004, TCC, a PCHSCC partner, received a Governor's Good Idea in Workforce Development award for developing a calendar that aims to recruit more males into the nursing profession. The 2005 calendars were distributed to Pierce County middle and high school students and counselors, and a reception is also planned for local school counselors to promote men in nursing.

CONTACT

Shema Hanebutte
253-594-7940
LHanebutte@pic.tacoma.wa.us

Maryellen Hill
253-594-7949
mhill@pic.tacoma.wa.us

Linda Nguyen
253-591-5810
lnguyen@pic.tacoma.wa.us

**Tacoma-Pierce County
Workforce Development Area**



**Tacoma-Pierce County
Workforce Development Area**
(cont.)

The WDC received two grants from ESD that targeted training for incumbent workers in imaging and nursing. These two projects served a total of 90 personnel. A federal H-1B grant is supporting education and training for 440 personnel between four workforce development areas (King, Snohomish, Northwest Washington, and Pierce).

Section 503 incentive funds supported TCC's Clinical Placement District #1 that is coordinating nursing clinical placements; a satellite Diagnostic Medical Sonography Program; incumbent worker programs; a Masters in Nursing Educator program at UW/Tacoma; and expansion of the HOW workshops.

Educational capacity expansion:

- Nursing Clinical Placement District #1, in conjunction with PCHSCC and TCC, has implemented coordination of clinical sites for nursing programs at 14 educational institutions and over 350 workplaces. This initiative has increased clinical site capacity for nursing education programs by 26 percent and received a Governors' Best Practice in Workforce Development award in 2003.
- In 2003, PCHSCC was instrumental in developing and establishing apprenticeship programs for three health occupations. The Apprenticeship Training Council has approved all three programs: HUC and the imaging specialties Computed Tomography and Magnetic Resonance Imaging. These are the first apprenticeship programs of their kind in the nation. To date, 23 individuals have graduated from the HUC program.
- PCHSCC partners worked with SCC to create a consortium to develop a satellite program (using distance learning technology) of the college's Invasive Cardiovascular Technologist Program in Pierce County.
- Franciscan Health System has provided financial support to expand the Nuclear Medicine Technologist program at BCC.
- Clover Park Technical College and Pierce College/Puyallup collaborated to receive \$398,000 in high-demand funds to produce 30 additional nurses annually, develop online/hybrid curriculum for prerequisite courses, and share facilities and equipment. The colleges share a Nurse Administrator and provide seamless articulation along a nursing career ladder from nursing assistant (certified), to practical nurse, to ADN, and BSN.
- Bates Technical College received \$139,300 in high-demand funds to increase student diversity and capacity by an additional 14 FTEs.
- Pierce College/Fort Steilacoom received \$199,000 in high-demand funds to develop a hybrid/online flexible delivery model to expand the dental hygiene program by 10 FTEs.

**Tacoma-Pierce County
Workforce Development Area**
(cont.)

- TCC received \$199,000 in high-demand funds to increase capacity in the ADN Program by 10 FTEs. In 2001-03, the college implemented a nursing tutoring and retention project that has reduced attrition to 5 percent compared to 53 percent prior to the project. The college is also converting nursing courses to online or hybrid courses to increase access. Additionally, TCC expanded their Respiratory Therapist program and the Registered Health Information Technician program.
- Pacific Lutheran University started an innovative Career Changer Bachelor of Science Entry-Level Master of Nursing program that allows students with a Bachelor of Science degree in any discipline to enter the Masters of Science in Nursing. The program opened in 2003.
- UW/Tacoma developed, and expanded, a Nurse Educator program within their Masters of Science in Nursing program. In addition, the university expanded the ADN to BSN program by 21 students.
- TCC developed a Diagnostic Medical Sonography program to meet the high demand for these imaging specialists.
- Clover Park Technical College expanded their Surgical Technology program by an additional 20 students.
- WDC local WIA funds were used to increase capacity in nursing programs, medical billing, and imaging technology, and this resulted in approximately 80 new seats at the community and technical colleges.

Recruitment and Retention:

- In 2003, the U.S. Department of Health and Human Services, HRSA awarded PCHSCC a \$683,100 grant from a highly competitive national pool. Pierce County is using the funds to implement shared residency programs for RNs to improve specialty skills, including medical-surgery, critical care, operating room, and emergency department. Program curricula emphasize diversity, cultural competence, domestic violence, serving underserved populations, and mentoring.
- The WDC used an ESD grant to train incumbent workers in health care high-demand programs.
- PCHSCC developed various local financial aid programs to assist students in health care programs.
- PCHSCC developed the Comprehensive Career Coaching strategy that was awarded a 2003 Governor's Promising Practice in Workforce Development award for innovative approaches to the integration of workforce and economic development.
- High school youth participated in two Health and Nurse Camps sponsored by MultiCare Health System (30 enrolled, 30 graduated) and Good Samaritan Health Care (14 enrolled, 14 graduated).

**Tacoma-Pierce County
Workforce Development Area**
(cont.)

- PCHSCC partners are active in providing internships for Project Hope participants.
- There were 250 high school students who attended a Math and Science Career Fair and were provided information about high-demand health careers.
- PCHSCC conducts focused outreach to Chief Leschi School to recruit more Native American students into health care occupations.

**Tri-County Workforce
Development Area**



The Tri-County Health Skill Panel (Panel) has directed more than \$700,000 in private, federal, state, and local funds to expand educational capacity and increase recruitment and retention. Initiatives include specialty nurse training, employee training scholarships, hiring an allied health instructor for YVCC, and a nurse preceptor program at Yakima Memorial Hospital for over 50 student trainees, among others. In 2004, the WDC launched a public information campaign to increase awareness in the community about the health care personnel shortages, career opportunities, and the Panel's strategies.

Following best practices in other areas, the Panel, working with Yakima Memorial Hospital, has hired a WorkSource career specialist to provide on-site health career planning services to hospital employees wishing to upgrade. The specialist provides one-on-one counseling, and identifies needs for financial assistance, tuition, books, childcare, and transportation. The specialist also provides mentoring and follow-up support to increase incumbent worker success in school and at work.

In order to increase recruitment among young people and diverse populations, the WDC provided funds to the Yakima Valley Farm Workers Clinic's Northwest Community Action Center in partnership with the Toppenish School District. The district will implement a Careers in Health & Human Services curriculum, and the Yakima Valley Skill Center will offer the curriculum during the summer session. Davis School District is currently offering this program that enables students to develop the knowledge and skills necessary for employability in the health care industry, and prepares them for the rigorous college courses required of health care professions. The WDC is also supporting a project developed by Sunnyside Community Hospital. Nursing, radiology technology, lab, and imaging staff will present to at least 1,600 middle and high school students at 8 schools. The hospital will also offer a Senior Project Seminar for 40 students with an interest in health care.

Center of Excellence in Allied Health: YVCC received a \$200,000 grant from SBCTC to establish an Allied Health Center of Excellence for the 2003-05 biennium. The center has developed a core curriculum for allied health programs that is offered online with exit and entry points for students to enter the workplace and return to education as their personal circumstances dictate. In 2004, the center is planning a statewide meeting to share best practices in health care programs with other colleges. The center plans to host a recruitment website targeted at youth who wish to explore health careers and understand educational and financial aid opportunities available.

CONTACT

David Gonzales
509-574-1950
davidg@co.yakima.wa.us

**Tri-County Workforce
Development Area**
(cont.)

Educational capacity expansion:

- WSU received a high-demand grant of \$1.1 million for the 2003-05 biennium to expand the BSN program by 65 FTEs at the Spokane, Tri-Cities, and Yakima campuses.
- Nurse specialty training of five Kittitas Valley Community Hospital employees.
- Heritage University (HU) began a practical nursing program in 2004 and enrolled 24 students that year. The WDC provided funding for a part-time adjunct faculty member as recommended by the skill panel, and also provided funds to support the purchase of simulator mannequins for the practical nurse laboratory. The program will expand to 33 students.
- The WDC is providing funds to support nurse specialty training at HU. The training includes eight modules of computerized, self-directed study for CPR, cardiac arrhythmias, and care of the patient experiencing cardiac, respiratory, abdominal, and emergency care needs. This complements the use of simulator models in class.
- People for People, a WIA adult service provider of the WDC, has enrolled 87 clients for training in health care career occupations. In addition, the WIA dislocated worker program has enabled 97 dislocated workers to enter training for health care occupations.
- The WDC contributed funds for the hire of one additional faculty member to support YVCC's Center of Excellence in Allied Health.

Recruitment and Retention:

- Employee training scholarships totaling \$26,250 for 12 employees at Yakima Valley Farm Workers Clinic.
- Onsite career specialist at Yakima Memorial Hospital to provide health career services and support to incumbent workers who wish to upgrade.
- Yakima Valley Farm Workers Clinic's Northwest Community Action Center, in partnership with the Toppenish School District, is implementing a Careers in Health & Human Services curriculum.
- Sunnyside Community Hospital is presenting to more than 1,600 middle and high school students at 8 schools on careers in nursing, radiology technology, lab, and imaging. In 2005, the hospital will also offer a Senior Project Seminar for 40 students with an interest in health care.
- The Northwest Community Action Center, a program of the Yakima Valley Farm Workers Clinic, developed ConneX to establish a local resource center that will support nine school districts as they develop health and human service pathways. The program also coordinates health careers camps for youth, with a focus on minority youth.

Statewide Coordination

The Workforce Board has contracted with Washington's two AHECs to assist health skill panels in statewide communication and coordination, provide technical assistance, share best practices, and assist in expanding resources for continued implementation of strategies.

CONTACT

Bettie Rundlett
(Eastern WA skill panels)
AHEC at WSU
509-358-7646
rundlett@wsu.edu

Terry Tatko
(Western WA skill panels)
Western Washington AHEC
206-441-7137
terryatwwahec@qwest.net

Appendix D: Task Force Committee Membership

Availability and Diversity of Nursing Faculty Committee

Flora Adams, Skagit Valley College; Marilyn Adair, South Puget Sound Community College; Julie Benson, Tacoma Community College; Pat Brown, Tacoma Community College; Donna Campbell, Columbia Basin College; Shirley Coleman-Aiken, Pacific Lutheran University; Ethlyn Gibson, MultiCare Health System; Kathleen Giuntoli, Renton Technical College; Deb Gonsalves, Group Health; Anne Hirsch, Washington State University; Mary Hoerner, Columbia Basin College; Lucille Kelley and Emily Hitchins, Seattle Pacific University; Nancy Kennedy, Washington Federation of Teachers; Jody Lynn Smith, Multi Care Health System; Paula Meyer, Washington State Nursing Care Quality Assurance Commission; Kimberly Moore, Health Diversity Network; Robbie Paul, Washington State University; Ed Phippen, Health Workforce Institute; Shelly Quint, Clark College; Sue Skillman, Center for Health Workforce Studies at the University of Washington; Mary K. Walker, Seattle University; Penny Woodruff, Grays Harbor Community and Washington State Nursing Care Quality Assurance Commission; Susan Woods, University of Washington; Kristen Swanson Chair, University of Washington; Ruth Windhover, Washington Education Association; Linda Wrynn, Big Bend Community College; Vickie Ybarra, Yakima Valley Farm Workers Clinic, Washington State Board of Health, and Task Force member. Staff: Madeleine Thompson, Amy Johnson, and Barbara Mix, Workforce Board

Availability and Diversity of Allied Health Faculty Committee

Barbara Breummer, University of Washington; Donna Campbell, Columbia Basin College; Mike Gaulke, Tri-Cities Laboratory; John Howard, Bates Technical College; Nancy Kennedy, Washington Federation of Teachers; Mary Lampe, University of Washington; Maurice McKinnon, Bellevue Community College; Nanci Murphy, University of Washington; Sue Skillman, Center for Health Workforce Studies at the University of Washington; Heather Stephen-Selby, Renton Technical College; Ruth Windhover, Washington Education Association. Staff: Madeleine Thompson, Amy Johnson, and Barbara Mix, Workforce Board

Core Curricula Committee

Marilyn Adair, South Puget Sound Community College; Gerianne Babbo, Olympic College; Mary Baroni, University of Washington/Bothell; Eleanor Bond, University of Washington; Doug Decker, INTEC/Spokane; Karen Fenison, Bates Technical College; Joan Garner, Washington State Nurses Association and Task Force member; William Gray, Washington State University/Spokane and Task Force Vice Chair; Laura Hahn, Intercollegiate College of Nursing, Central Washington University; Troy Hutson, Health Workforce Institute and Task Force member; Helen Kuebel, Lower Columbia College; Jody Lynn Smith, MultiCare Health System; Cindy Morana, Council of Presidents (Public Universities); Nola Ormrod, Centralia College; Maureen Niland, Seattle University; Lisa Rutherford, Heritage College; Julia Short, Green River Community College; Heather Stephen-Selby, Renton Technical College; Teresa Stone, Office of Superintendent of Public Instruction; Vee Sutherlin, Community Colleges of Spokane; Collette Swan, South Seattle Community College; Terry Tatko, Western Washington Health Education Center; Pat Ward, State Board for Community and Technical Colleges; Sue Woods, University of Washington. Staff: Madeleine Thompson, Amy Johnson, and Barbara Mix, Workforce Board

Website Committee Members

Lorelee Bauer, Group Health Cooperative and Task Force member; Julie Benson, Tacoma Community College; Leif Bentsen, Olympic Health Care Alliance; Nicole Castilleja-Beck, Mathematics, Engineering, and Science Achievement program, Washington State University/Tri-Cities; Josie Darst, Eastern Washington Partnership Health Skill Panel/Workforce Development Council; Brooke DuBois, Benton-Franklin Community Health Alliance; Ken Kelnhofer, North Central Health Skill Panel/Workforce Development Council; Pam Lund and Martin McCallum, Workforce Board; Patti Rathbun, Washington State Department of Health; Sanjay Rughani, Northwest Alliance Health Skill Panel/Workforce Development Council; Nuala Davies-Shoman, Southwest Health Skill Panel/Workforce Development Council; Mindy Schaffner, Washington Home Care Quality Authority; Melody Simms, Columbia Basin College; Terry Tatko, Western Washington Area Health Education Center; Yvonne Williford, Northwest Alliance Health Skill Panel. Staff: Madeleine Thompson, Workforce Board; Bettie Rundlett, Committee Facilitator, Washington State University Area Health Education Center

Glossary

- **503** Incentive funds awarded by the U.S. departments of Labor and Education to Washington State in 2003 for exceeding workforce development program targets. Washington was 1 of 16 states to receive these awards, and 1 of 5 states to receive \$3 million. The Workforce Board and partners directed the funds to workforce development councils to be used to address health care worker shortages.
- **AACN** American Association of Colleges of Nursing
- **ADN** Associate Degree Nurse or Nursing
- **AHCA** American Health Care Association
- **AHECs** Area Health Education Centers. They exist across the United States and receive both federal and state funding. Washington has AHEC centers in Western and Eastern Washington. Their mission includes developing the health care workforce for underserved poor communities.
- **APN** Advanced Practice Nurse
- **ARNPs** Advanced Registered Nurse Practitioners
- **ARTICULATION** The recognition by educational institutions of prior education and training that students receive at other educational institutions or on-the-job, and allow these to count as credits toward a certificate, diploma or degree.
- **BBCC** Big Bend Community College
- **BCC** Bellevue Community College
- **BSN** Bachelor of Science in Nursing
- **BTC** Bellingham Technical College
- **CBC** Columbia Basin College
- **CNA** Certified Nursing Assistant
- **CTE** Career and Technical Education
- **DOH** Department of Health
- **EWU** Eastern Washington University
- **E3** Health Care Employers, Employees, and Education
- **ESD** Washington State Employment Security Department
- **ESL** English as a Second Language
- **ESHB** Engrossed Senate House Bill

- **FTE** Full-time equivalent
- **HB** House Bill
- **HECB** Washington State Higher Education Coordinating Board.
- **HIGH-DEMAND** refers to occupations where employer demand exceeds labor supply.
- **HOW** Health Occupations Workshops
- **HRSA** U.S. Department of Health and Human Services Administration
- **HU** Heritage University
- **HUC** Health Unit Coordinator
- **HWDN** Health Workforce Diversity Network
- **IOM** Institute of Medicine
- **L** The Legislature and is noted in Appendix A where certain strategies might require the support of the Legislature, either through law changes or funding appropriations.
- **LPN-LPNs** Licensed Practical Nurse
- **NCQAC** Washington State Nursing Care Quality Assurance Commission
- **OC** Olympic College
- **OSPI** Washington State Office of Superintendent of Public Instruction.
- **PCHSCC** Pierce County Health Services Careers Council
- **PEMC** Providence Everett Medical Center
- **PROFESSIONAL BOARDS AND COMMISSIONS** The 55 health professions regulated by the Department of Health, either through the Secretary or the 16 professional boards and commissions. They are among the responsible entities named for reviewing regulations related to program accreditation, faculty qualifications, clinical, articulation of programs, and apprenticeships, among others.
- **RESPONSIBLE ENTITIES** Listed after each strategy in the January, 2003, Task Force report, *Health Care Personnel Shortage: Crisis or Opportunity?*. These include the Legislature, state agencies, local health skill panels, or public and private partners that are responsible for continuing efforts to accomplish the strategy.
- **RN-RNs** Staff Nurse—Registered Nurse
- **RTC** Renton Technical College

- **SBCTC** Washington State Board for Community and Technical Colleges.
- **SCC** Spokane Community College
- **SESRC** Social and Economic Sciences Research Center
- **SHB** Senate House Bill
- **SKILL PANELS** Health Skill panels. As of August 2003, all 12 workforce development areas have established health skill panels. They comprise health care employers, education and training providers, and labor. Their purpose is to identify priority shortages in their local areas and devise solutions (see pgs. 18-29).
- **SSCC** South Seattle Community College
- **TASK FORCE** Health Care Personnel Shortage Task Force
- **TCC** Tacoma Community College
- **TIP** Targeted Industry Partnership
- **TURNOVER** The rate that employees leave their place of work. Reasons for leaving may include retirement, entering another field of work, or leaving work for another employer in the same field of work.
- **UNDERSERVED** Federal health professional shortage area designations known as Medically Underserved Areas, or Medically Underserved Populations.
- **UW** University of Washington
- **VACANCY** Job vacancies, as reported in Employment Security Department's biennial job vacancy survey, are the number of vacant positions for which employers are hiring.
- **WDC-WDCs** Workforce Development Council
- **WIA** Workforce Investment Act
- **WORKFORCE BOARD** Washington State Workforce Training and Education Coordinating Board
- **WSTAC** Washington State Apprenticeship and Training Council
- **WSU** Washington State University
- **WVC** Wenatchee Valley College
- **WWCC** Walla Walla Community College



WASHINGTON STATE
Workforce Training and Education
Coordinating Board
P.O. Box 43105
128 10th Avenue, S.W.
Olympia, WA 98504-3105

TELEPHONE: 360-753-5660 FAX: 360-586-5862
www.wtb.wa.gov/healthcaretaskforce.htm

www.wtb.wa.gov e-mail: wtecb@wtb.wa.gov